

**University of Miami Wellness Center  
FACILITY RESERVATION APPLICATION**

*\*This form must be received no less than two weeks prior to the date requested\**

Today's Date: \_\_\_\_\_ Set-up Time: \_\_\_\_\_ Start Time: \_\_\_\_\_

Start Date: \_\_\_\_\_ Clean-up Time: \_\_\_\_\_ End Time: \_\_\_\_\_

End Date: \_\_\_\_\_

Is this event recurring? YES  NO  Day(s) of Week Mon  Tue  Wed  Thur  Fri  Sat  Sun

Additional Details Regarding Date(s) and/or Time(s) \_\_\_\_\_

**SPACE NEEDED** - Please check the venue(s) you wish to reserve

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Centre Court  | <input type="checkbox"/> Conference Room                | <input type="checkbox"/> Outdoor Courts |
| <input type="checkbox"/> Main Gym  | <input type="checkbox"/> Classroom #1 w/ Kitchen        | # of courts _____                       |
| Left <input type="checkbox"/> Middle <input type="checkbox"/> Right <input type="checkbox"/> | <input type="checkbox"/> Classroom #2                   | <input type="checkbox"/> Courtyard      |
| <input type="checkbox"/> Racquetball Courts  | <input type="checkbox"/> Squash Courts                  | <input type="checkbox"/> Yaron Field    |
| # of courts _____  | #1 <input type="checkbox"/> #2 <input type="checkbox"/> | # of fields _____                       |
| <input type="checkbox"/> Natatorium (Pool Area)  | <input type="checkbox"/> Multi-A                        | Type of Sport _____                     |
| <input type="checkbox"/> Atrium  | <input type="checkbox"/> Multi-B                        |   |

**EQUIPMENT NEEDED:**

- |                                       |  |   |
|---------------------------------------|--|---|
| # of Chairs _____                     | <input type="checkbox"/> Standing Podium | <input type="checkbox"/> Slide Projector    |
| # of Tables _____                     | <input type="checkbox"/> Tabletop Podium | <input type="checkbox"/> TV/VCR             |
| <input type="checkbox"/> Sound System | <input type="checkbox"/> Floor Cover     | <input type="checkbox"/> Overhead Projector |

Athletic equipment needed and quantity: \_\_\_\_\_

Additional details regarding equipment: \_\_\_\_\_

**NAME OF EVENT:** \_\_\_\_\_

Approximate Attendance: # of UM Participants: \_\_\_\_\_ # of Non-UM Participants: \_\_\_\_\_

Organization/Department Name: \_\_\_\_\_

Name of requesting person: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Payment will be made by: Cash  Check  IDR

***Should you have any questions, please contact Alex Palacios at 305-284-1763 or email at [apalacios@miami.edu](mailto:apalacios@miami.edu)***  
Please deliver completed form to the Wellness Center Room 211 or fax to 305-284-4469

(Office Use Only – Do Not Write Below This Line)

Date: \_\_\_\_\_ Request has been: APPROVED  DENIED  why: \_\_\_\_\_

DWR Signature: \_\_\_\_\_ Fee Schedule: YES  NO  Displacements: \_\_\_\_\_

Revocable Agreement: YES  N/A  Certificate of Insurance: YES  N/A