Solheim Center Reservation Form

Today’s Date: ___________                                             Date of Activity: ___________

Organization Making Request: ____________________             Number in Group: ________

Organization Street Address: ______________________________________

City: ___________         State: _____________     Zip: ____________

Campus CPO# ____________                                                 Campus Phone: ______________

Person Responsible for Activity: ________________________  Title: ____________________

Person Making Request: ______________________________________    Phone:_____________

________________________________________

Place                                             Time:    From    To

________________________________________

If Recreational Equipment is needed, please list              Check:       In       Out
1.  
2.  

Description of Activity:

Expected Activity Outcomes:

Solheim Response:

Solheim is unable to accommodate your reservation request:
___ Schedule Full   ___Home Athletic Event   ___Not Open   ___ Other ________________

Solheim is happy to accommodate your reservation request: Please be specific on date and time.
The rental fee for the Solheim usage will be __________ payable ______________. 

JAN  FEB  MAR  APR  MAY  JUNE  JULY  AUG  SEPT  OCT  NOV  DEC

Church:__________________________________  Affiliate: ______________________________

FOR OFFICE USE:                          DEPOSIT:

Approved By: ________________________________                  Date: __________

Confirmation Sent By: ________________________________                 Date: __________

Facility Supervisor Sign Out: ________________________________             Date: __________

(note any problems on reverse side)