

Clark University

DEPARTMENT OF ATHLETICS
O'BRIEN SOFTBALL FIELD
FACILITY REQUEST FORM

NAME/ORGANIZATION _____ TODAY'S DATE _____

ON-CAMPUS GROUP _____ OFF-CAMPUS GROUP _____ E-MAIL ADDRESS _____

ADDRESS _____ BOX NUMBER _____
Room No. or Street Dorm or City

CONTACT PERSON _____ PHONE NUMBER _____

DATE OF REQUEST (1ST CHOICE) _____ TIME REQUESTED _____
Day Date From To

(2ND CHOICE) _____ TIME REQUESTED _____
Day Date From To

IS YOUR ORGANIZATION PROFIT OR NONPROFIT? _____

NUMBER OF PARTICIPANTS _____ NUMBER OF SPECTATORS _____

APPROXIMATE NUMBER OF PARKING SPACES NEEDED _____

RATIO OF ADULTS TO YOUTH PARTICIPANTS _____

NAME AND PHONE NUMBER OF ORGANIZATION'S PERSON WHO WILL BE ON-SITE DURING EVENT:

NAME _____

DAY _____ EVENING _____ CELL _____

NAME AND PHONE NUMBER OF YOUR ON-SITE MEDICAL PERSON: (Certified Trainer, EMT, etc.)

NAME: _____ PHONE NUMBER: _____

IS THERE A FEE CHARGED TO PARTICIPANTS OR TEAMS? IF YES, HOW MUCH? _____

WILL THERE BE AN ADMISSION CHARGE? _____ HOW MUCH? _____

WILL THERE BE FOOD, CONCESSIONS, ETC? _____

FACILITY REQUESTED

CONCESSION STAND _____

ANNOUNCER'S BOOTH _____

RESTROOMS _____

OTHER _____ PLEASE SPECIFY _____

EQUIPMENT REQUESTED (IN AS MUCH DETAIL AS POSSIBLE)

PLEASE LIST _____

PURPOSE OF ABOVE REQUESTS: (PLEASE BE SPECIFIC, ATTACH SEPARATE SHEET IF NECESSARY)

PLEASE RETURN TO:

FAX NUMBER: (508)793-7627 OR
EMAIL: rball@clarku.edu

ROXANNE BALL
DEPARTMENT OF ATHLETICS
CLARK UNIVERSITY
950 MAIN STREET
WORCESTER, MA 01610

PLEASE NOTE THAT DEPENDING ON
YOUR REQUEST AND NEEDS, THERE
MAY BE FEES INVOLVED.