

LOMBARDI RECREATION: Facility Request Form



Date Submitted: _____

Please remit form to 

Mailstop 422

Phone: (775) 784-1225

By: _____

Fax: (775) 784-1330

Event Title: _____

Brief description of event: _____

Sponsoring Organization: _____

Contact Person: _____

Phone: _____

E-Mail: _____

Fax: _____

Number of Participants: _____ Ages: _____ Number of Spectators: _____

Are you or your organization affiliated with the University of Nevada, Reno? Yes No _____

If "YES" please explain your affiliation _____

Office uses only

REQUESTED FACILITY	EVENT DATE(s)	START TIME (set-up)	END TIME (clean-up)	Office uses only		NOTE	CONFIRM
				Y	N		

AVAILABLE FACILITIES AND CAPACITY *(please check all that apply)*

- Wellness Center** (no seating)
- Climbing Wall**
- Gym A** (200 capacity)
- Gym B** (40 capacity)
- Conference Room** (30 capacity)
- Room 204** (44 capacity)
- Room 205** (73 capacity)
- Room 214A** (12 capacity)
- Room 214B** (26 capacity)
- Room 224A** (125 capacity)
- Multi-Use 1** (60 capacity)
- Multi-Use 2** (80 capacity)
- Dance Room** (no seating)
- Lap Pool**
- Dive Pool**
- Locker Room/Showers**
- Tennis Courts**
- Intramural Field**
- Racquetball Courts**

Office use only	Payment Type: _____	Total Amount Due: _____
	Paid On: _____ <small>(date)</small>	Custodial Service: YES NO _____
	Approved: _____	Date: _____



You must present an approved copy of this form at the Lombardi Front Desk when you and/or your group show up to your event.