

**GSW RECREATIONAL SPORTS
INTRAMURAL FIELD RESERVATION REQUEST
Marshall Student Center
Phone: 931-2365
Fax: 931-2835**

Group Name: _____ Date: _____

Contact Number/Email: _____

Date(s) & Time(s) Requesting: _____

Reason for using Intramural Field: _____

Applicant's Signature: _____

Date(s) Approved: _____

Date(s) Denied: _____

Pre-Paid Rental Fees:

\$25 for 1-3 hrs. _____

\$50 for 3-6 hrs. _____

No Charge for Student Organizations

Method of Payment:

Cash: _____

Check: _____

Int. Requisition: _____

Director's Signature: _____ Date: _____