

CLIMBING WALL EVENT REQUEST FORM
UT Affiliated Groups

(sponsored and conducted by and for University students, RS members or departments)

GENERAL INFORMATION:

Organization: _____
Event Title or Description: _____
Authorized Representative/Contact: _____
Address: _____ Mail Code: _____
City/State/Zip: _____
Preferred Phone: _____ Other: _____
E-mail: _____

PROGRAMMING REQUESTED: *Please list at least 2 possible dates for your event.*

Type of Event: (check one) Group Climbing Indoor Basics Class Kid Climb
Type of Group: (check one) Student RecSports Member UT Department
Number of People in Group 8-14 15-20 Other _____

1st Choice:

Date: _____ Start Time: _____ End Time: _____

2nd Choice:

Date: _____ Start Time: _____ End Time: _____

3rd Choice:

Date: _____ Start Time: _____ End Time: _____

DEPOSIT: *A \$50.00 non-refundable deposit is required upon submitting this form to the Programs Office.*

Date Paid: _____ Staff: _____

Method of Payment: (check one) Check Cash Credit IDT

If paying by IDT - please list the account to be charged:

Account #: _____ Account Title: _____

Paid to RecSports Account #: 29-1600-0095 Codes: _____ - _____

As the representative for the group and event requested on this form, I understand the regulations applying to the use of University facilities and the Division of Recreational Sports Climbing Wall. I will assume responsibility for the adherence to the regulations and policies if this request is approved. I further understand that all deposits are non-refundable and I have read and understand the Group Programming Information Sheet and the Climbing Wall Policies and Procedures.

Representative's Signature: _____ Date: _____

PROGRAMS OFFICE USE ONLY

Date Received Request: _____

Lead Staff: _____

Date Confirmed Request: _____

Staff: _____

Payment Due Date: _____

Staff: _____

Staff Needed: _____

Staff: _____

Final Payment Received: _____

Staff: _____

Staff: _____

Staff: _____

Staff: _____