

# Scripps College

## The Women's College - Claremont

### Tiernan Field House Request for Reservations Form

Return Form to Director of Tiernan Field House, Rm 104

This form must be filled out in its entirety. Completion of the facility request form does not guarantee the request will be granted. Request forms should be submitted with at least two weeks advance notice.

Date of Request: \_\_\_\_\_

**General Information**

Name of Organization: \_\_\_\_\_

Organization Type:

	University Department/Academic Unit
	Recognized Student Group
	Student(s) with No Affiliation
	Faculty, Staff, Administrator
	General Public (Non Scripps, Consortium Affiliated)

Event Title: \_\_\_\_\_

***All participants must be 18 years or older***

Total Number of Participants \_\_\_\_\_ Number of Spectators \_\_\_\_\_

Affiliation of Participants:

	Scripps		Pomona
	Harvey-Mudd		Pitzer
	Claremont McKenna		5C Guest
	CGU		Other (describe)

**Main Contact**

Name: \_\_\_\_\_ College Affiliation: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Billing Information**

Billing Account # \_\_\_\_\_  
 Billing Address (if different from above) \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**Event Description**

Describe Your Event:  
 and Associated Activities:  
 (please be specific)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Specific activities included in your request:

	Treadmills		Swimming
	Elliptical		Tea Party
	Yoga		Meeting
	Aerobics		Conference
	Dance		Kitchen
	Pilates		Kickboxing
	Other (describe)		Pool Party

*Please answer the questions specific to your event*

Will you be charging admission?  Yes  No  
 Will your event require parking?  Yes  No

Will your event require campus safety presence?  Yes  No  
 Insurance Required\*  Yes  No  
 Will there be food and beverage provided at this event?  Yes  No

Describe \_\_\_\_\_  
 \_\_\_\_\_

How will food be served and means to control?  
 Describe \_\_\_\_\_  
 \_\_\_\_\_

Will alcohol be served?  Yes  No  
 Are concessions being sold at the event?  Yes  No  
 Will you require hanging signs or banners?  Yes  No  
 Will you use an outside vendor to this event?  Yes  No

**Vendor #1**  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 What service is the vendor providing?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Vendor #2**  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 What service is the vendor providing?  
 \_\_\_\_\_  
 \_\_\_\_\_

If two or more vendors, please submit information for each.

**Date and Time of Request**

**First Choice:**

Start Date: (MM/DD/YY) \_\_\_\_\_  
 End Date: (MM/DD/YY) \_\_\_\_\_

Day(s) of the week:  Monday  Friday  
 Tuesday  Saturday  
 Wednesday  Sunday  
 Thursday

Start Time (include set-up time): \_\_\_\_\_  
 End Time (include clean-up time): \_\_\_\_\_

**Second Choice:**

Start Date: (MM/DD/YY) \_\_\_\_\_  
 End Date: (MM/DD/YY) \_\_\_\_\_

Day(s) of the week  Monday  Friday  
 Tuesday  Saturday  
 Wednesday  Sunday  
 Thursday

Start Time (include set-up time): \_\_\_\_\_  
 End Time (include clean-up time): \_\_\_\_\_

Please check the facilities you would like to reserve. Thanks!

**Outdoor Facilities**

Lap Pool  # of Lanes: \_\_\_\_\_  Leisure Pool  
 Field Activity  Soccer  Lacrosse  
 Frisbee  Special Event  
 Other (describe) \_\_\_\_\_  
 Entry Balcony (tiled floors, lounge chaise(s)/chairs)  
 Stretching Porch (second floor balcony)

**Indoor Facilities**

*All space occupancy ratings are based on the activity*

<input type="checkbox"/>	Rm 108, bamboo floor, mirrors, 10" ceiling, 587sqft		
<input type="checkbox"/>	Room 109 bamboo floor, 10" ceiling, 779sqft semi-private, projector)	<input type="checkbox"/> Lecture	<input type="checkbox"/> Conference
	Seating Style	<input type="checkbox"/> Attached diagram for room layout.	
<input type="checkbox"/>	Rm 001, bamboo floor, mirrors, wireless headset, 20' ceiling, 2460sqft		
<input type="checkbox"/>	Locker Rooms	<input type="checkbox"/> Women	<input type="checkbox"/> Men

**Setup Needs**

None - will use facility as is	<input type="checkbox"/>	Diagram Attached	<input type="checkbox"/>
Folding Chairs	<input type="checkbox"/>	Number of chairs #	
Tables	<input type="checkbox"/>	8 foot #	<input type="checkbox"/> 6 foot #
	<input type="checkbox"/>	Round #	<input type="checkbox"/> 4 foot #
PA System	<input type="checkbox"/>	TV/VCR/DVD	<input type="checkbox"/>
AED (portable)	<input type="checkbox"/>	Wireless Headset	<input type="checkbox"/>
Spectator Seating	<input type="checkbox"/>	Tent	<input type="checkbox"/>
Team Benches	<input type="checkbox"/>	Water	<input type="checkbox"/>
Electric outlets	<input type="checkbox"/>	Extension Cords	<input type="checkbox"/>
Other Setup Needs	_____		

**Personnel**

Security (Scripps Campus Safety)	<input type="checkbox"/>	
Lifeguards	<input type="checkbox"/>	Special Event Pay \$9.50/hour
Athletic Trainer	<input type="checkbox"/>	TBD

**FOR OFFICE USE ONLY**

Date Received Meeting	_____	Processed By	_____
	Date _____ Time _____		
Additional Meeting Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____ Time _____	
Charges/Fees	Facility \$ _____	Labor Estimate: \$ _____	
	Misc. Charges \$ _____		
Affiliate Contacts:			
Campus Safety	<input type="checkbox"/> Date: _____	Email: <input type="checkbox"/>	Phone Msg. <input type="checkbox"/>
Parking Services	<input type="checkbox"/> Date: _____	Email: <input type="checkbox"/>	Phone Msg. <input type="checkbox"/>
Food Services	<input type="checkbox"/> Date: _____	Email: <input type="checkbox"/>	Phone Msg. <input type="checkbox"/>
DOS	<input type="checkbox"/> Date: _____	Email: <input type="checkbox"/>	Phone Msg. <input type="checkbox"/>
Risk Management	<input type="checkbox"/> Date: _____	Email: <input type="checkbox"/>	Phone Msg. <input type="checkbox"/>
A/V Services	<input type="checkbox"/> Date: _____	Email: <input type="checkbox"/>	Phone Msg. <input type="checkbox"/>
Grounds	<input type="checkbox"/> Date: _____	Email: <input type="checkbox"/>	Phone Msg. <input type="checkbox"/>
Maintenance	<input type="checkbox"/> Date: _____	Email: <input type="checkbox"/>	Phone Msg. <input type="checkbox"/>

**Reservation Approved**

Director \_\_\_\_\_ Date: \_\_\_\_\_