Lewis University Campus Recreation
Club Sport Facility Request

Club: _____Date: _____

Contact: _____ E-Mail: _____

Practice Facility Request Start Date: _____

Practice Facility Request End Date: _____

Days of Week	Facility	Time	Purpose
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Other Dates Requested (Games, Tournaments, etc.)

Date	Day of Week	Facility	Time	Purpose