



Activity Room Reservation Request Form

Please complete this form and return to the Fitness and Recreation front desk at least three business days (**Monday – Friday 8 a.m. to 5 p.m.**) but no more than three weeks prior to your requested date. ***Availability cannot be guaranteed, however, we will do our best to accommodate your needs.*** Make sure contact information is accurate; you and your adviser will be contacted for questions, scheduling, confirmation, and/or denial for the request for facility use.

Please submit only one room reservation per organization per event.

Name of Student or Registered Student Organization (Write group name, no abbreviations):

Group Representative or Individual Information

The group representative **must** be present at the time of the reservation. For ease of communication, please have one designated group member to submit each Room Request Form every time.

Name of Contact: _____

OU Email Address: _____

Phone Number: _____

Group Adviser Information

(This is Faculty or Staff, not a student)

Group Adviser: _____

Adviser Email: _____

Adviser Phone: _____

****Describe the activity you will be doing in the room [must be completed] :**

Examples: "We will be rehearsing for U-sing." "I will be practicing a dance for a pageant."

Does your activity include any of the following?

☐ Props

☐ Costumes

☐ Contact Sports*

☐ Martial Arts*

☐ Filming*

☐ Stunting/Tumbling*

*Requires an additional form that needs to be submitted before your request will be approved.



Preferred Studio:

- ☐ Studio A (Blue Rubber Floor): 100 people maximum
- ☐ Studio B (Wooden Floor): 100 people maximum

Date and Time Preferences:

In order to accommodate as many student organizations as possible with space requests, a maximum of 3 dates and times per week may be requested. Space is scheduled on a first come, first serve basis. The further in advance a request is made, the more likely it can be accommodated. Return it to the front desk at least three (3) business days but no more than three (3) weeks prior to your activity.

Request	Day of the Week	Date	Time*
1			
2			
3			

***Time** - Please select times from the **Availability Sheet** at the Front Desk, or on our website ou.edu/far. We will attempt to grant three-hour time slots where available to groups and one to two-hour time slots for individual practices.

By signing below, you are agreeing to read the Studio Room Reservation Information and Studio Use Guidelines attached in your approval email prior to use. You are held responsible for the information it contains. *Signature:* _____ *Date:* _____

Fitness and Recreation reserves the right to cancel room reservations, if necessary, due to priority needs.
Notice of cancellation will be made as soon as possible.

Fitness and Recreation Use Only:

Received By: _____ Time: _____ am pm

Representative Contacted By: _____

Date: _____ Time: _____

Adviser Acknowledgement Form Required? ☐ Yes ☐ No

Camera Use Request Form Required? ☐ Yes ☐ No

☐ Approved ☐ Rescheduled Day: _____ Date: _____ Time: _____

☐ Denied *Explanation:* _____

Date Stamp