



**CLUB SPORTS ~ STATE UNIVERSITY OF NEW YORK AT NEW PALTZ  
FALL FACILITY REQUEST FORM**

**ALL** requests need to be completed and submitted to the Office of Wellness & Recreation with the Recognition or Recognition Renewal Form by the last day of spring semester classes.

**Name of Club:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**First Day of Practice:** \_\_\_\_\_

**Last Day of Practice:** \_\_\_\_\_

(Semester Dates: August 24-December 17, 2009)

<b>Facility Choice</b>	<b>Days of week (List in order)</b>	<b>Times</b>	<b>Comments</b>
<b>1<sup>st</sup></b>	<b>1.</b>	<b>1.</b>	
<b>2<sup>nd</sup></b>	<b>2.</b>	<b>2.</b>	
<b>3<sup>rd</sup></b>	<b>3.</b>	<b>3.</b>	
<b>4<sup>th</sup></b>	<b>4.</b>	<b>4.</b>	
	<b>5.</b>		
	<b>6.</b>		
	<b>7.</b>		

1. Please indicate any special needs (goals, access to Hawk Center, etc.):

2. Please list possible dates and times for home competitions.

Competition Start Date:\_\_\_\_\_ End Date:\_\_\_\_\_

3. Will your club practice or compete through semester recesses? Yes No

4. Comments: