

**MSMC
FITNESS CENTER
FACILITIES RESERVATION FORM**

1. Group/Department: _____
2. Campus: Chalon or Doheny
3. What type of event: _____
4. Contact Person Responsible: _____
5. Phone # of Contact Person: _____
6. Space requested: pool tennis courts BBQ
7. Number of people: _____
8. Date of event: _____
9. Time of event: _____
(include set-up/clean up time)

signature of person making request

date

advisor's signature

date

fitness education management

date

Comments: