



**THE ATHLETICS CENTRE**  
HOME OF THE TRENT EXCALIBUR

# Facility Booking Request

**Contact Information**

Name: \_\_\_\_\_ Student # \_\_\_\_\_

Name of Club/Group/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Club/Group Information**

On-site contact name: \_\_\_\_\_ Cell: \_\_\_\_\_

Total number attending event: \_\_\_\_\_

Please give a brief description of your event/program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Facilities Requested**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Justin Chiu Stadium - Field      | <input type="checkbox"/> Gymnasium - Full       | <input type="checkbox"/> Carol Love Rowing/Paddling Tank |
| <input type="checkbox"/> Justin Chiu Stadium - Track      | <input type="checkbox"/> Gymnasium - Half       | <input type="checkbox"/> P.S.B. Wilson Lounge            |
| <input type="checkbox"/> Justin Chiu Stadium - Scoreboard | <input type="checkbox"/> Gymnasium - Scoreboard | <input type="checkbox"/> First Aid Room                  |
| <input type="checkbox"/> Press Box                        | <input type="checkbox"/> Rock Climbing Wall     | <input type="checkbox"/> Varsity Change Room             |
| <input type="checkbox"/> Fitness Studio 1                 | <input type="checkbox"/> Beach Volleyball Court | <input type="checkbox"/> Main Lobby                      |
| <input type="checkbox"/> Fitness Studio 2                 | <input type="checkbox"/> Squash Court           | <input type="checkbox"/> Mezzanine (2nd Floor)           |

**Facilities Requested (continued...)**

How frequently would you like to book?

- One time                       Once per week                       Multiple days per week

Please provide your preferences (Example: 1st choice Saturday 2-4 PM, 2nd choice... etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list clearly how much time you are requesting: List 3 options

Example: Multi-Purpose Room once/week starting October 1 ending November 15

1st choice Saturday 2-4 PM, 2nd choice Monday 10 AM-12 PM, 3rd choice Friday 11 AM-1 PM

When would you like to start your booking (date)? \_\_\_\_\_

When would you like to end your booking (date)? \_\_\_\_\_

How much time will you require for set up? \_\_\_\_\_

Is this in addition to your booking request time?

Yes

No

How much time will you require for tear down? \_\_\_\_\_

Is this in addition to your booking request time?

Yes

No

### **Equipment Request**

Please list any equipment request that you have for your booking. Example: 2 volleyball nets, 2 tables and 4 chairs, etc

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### **Staffing Request**

Please list any staff assistance/facilitation request you have (will be billed at \$18.00/hour per staff)

Example: Assistance with event/program set up

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### **Additional Information**

Please list any equipment that you plan to bring on-site or any external service providers (i.e. portable nets; your own a/v equipment; external catering; will individuals be arriving by bus and require bus parking?, etc.) Please note that all external equipment must be provided to Trent Athletics 10 days before the event for review and approval.

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### **Return this completed form:**

In person: Athletics Centre at Trent; Attention: Facility Bookings

By email: [acbookings@trentu.ca](mailto:acbookings@trentu.ca)

By mail: Trent University Department of Athletics

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