



Semester: Fall ___ Spring ___

Emory Club Sports Home Game Schedule

Club Name: _____ Club Email (if applicable): _____

Contact Person: _____ Club Position: _____

Personal Email: _____ Phone: _____

***Include the game start & end time (i.e. 2pm-4pm) and warm-up time (i.e. one hour) in the start/end time below**

Date	Start/End Time	Opponent	Preferred Location
<u>August 26</u>	<u>2pm-4pm (1 hour)</u>	<u>Oglethorpe</u>	<u>Kaminsky Back Field</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Setup Requests (i.e. additional time needed for setup before game, tables, chairs, scoreboard, etc.):

Rain Location/Back up Plan:

Statement of Understanding

I understand that this is only a facility request and no facilities have been reserved for my organization at this time. Written notification of a decision will be sent to the email address listed above.

I understand that the Club Sport listed above is responsible for coolers of water for each team and a cooler of ice for the on-site Athletic Trainer.

I agree that the members of the Club Sport listed above will abide by the Emory University Code of Conduct and Department of Recreation & Wellness policies at all competitions.

Contact Person Signature

AD Intramural & Club Sports Signature