



## Emory University Club Sports Practice Request Form

Club Name: \_\_\_\_\_

Club Email (if applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Club Position: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Which semester is your club's main competition season (i.e. league games, regional/national tournaments):

\_\_\_\_\_

Requested Practice Location(s): \_\_\_\_\_

Date of First Day of Practice: \_\_\_\_\_ Date of Last Day of Practice: \_\_\_\_\_

Day(s) of Practice: \_\_\_\_\_

Starting Time(s): \_\_\_\_\_ Ending Time(s): \_\_\_\_\_

Off Dates (Include all dates that you will not practice during the semester due to breaks, holidays, etc.): \_\_\_\_\_

\_\_\_\_\_

Anticipated attendance per practice: \_\_\_\_\_

Name(s) of Volunteer Instructor(s)/Coach(es) who will be attending practice(s): \_\_\_\_\_

Special Requests: \_\_\_\_\_

### Statement of Acknowledgment

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 agree that the members of the Club Sport listed above will abide by the Emory University Code of Conduct and the Department of Recreation and Wellness Policies.

\_\_\_\_\_  
Contact Person Signature

\_\_\_\_\_  
AD Intramural & Club Sports Signature