

**FORM A**  
**College of William & Mary Campus Recreation**  
**SPORT CLUB HOME EVENT REGISTRATION**

Club Requesting:

Form Submitted By:

Purpose of Event:

On-Campus or Off-Campus:

Visiting Teams:

Day 1:

Competition Arrival Date:		Competition Arrival Time:	
Start Date:		Set-up Time: Start Time: Supervisor Start Time:	
End Date:		End Time:	
Contact 1:	Phone 1:	Email 1:	
Contact 2:	Phone 2:	Email 2:	

Location of the Event/Facility Request:

Equipment Request:

Participants:

(Only fill out if it's a multi-day event)

Day 2:

Competition Arrival Date:		Competition Arrival Time:	
Start Date:		Start Time: Set-up Time:	
End Date:		End Time:	
Contact 1:	Phone 1:	Email 1:	
Contact 2:	Phone 2:	Email 2:	

Location of the Event/Facility Request:

(Only fill out if it's a multi-day event)

Day 3:

Competition Arrival Date:		Competition Arrival Time:	
Start Date:		Start Time:	
End Date:		End Time:	
Contact 1:	Phone 1:	Email 1:	
Contact 2:	Phone 2:	Email 2:	

Location of the Event/Facility Request:

SAFETY OFFICER INFORMATION

Safety Officer 1:
Safety Officer 2:

Follow-up questions to consider:

1. Do you request grass cutting before your event?
2. Does your league or event require a trainer or an EMT on-site?
3. Please confirm that your club understands that it will cover the cost of early opening or late closing if this event falls outside of the Facility Hours.  
Initial: \_\_\_\_\_
4. Is setup time on a different day than the event?
5. What is the approximate number of spectators?
6. Please provide a link to your event schedule.

Additional comments:

Home Event Meeting Date: \_\_\_\_\_ Time: \_\_\_\_\_

Club Member Name \_\_\_\_\_ / Signature \_\_\_\_\_

Sport Club Office Name \_\_\_\_\_ / Signature \_\_\_\_\_