



# Health Education Center Rental Application



Completion of application does not guarantee a permit will be granted.

\*APPLICATION FEE MUST ACCOMPANY APPLICATION  
\* MUST BE RECEIVED 2 WEEKS BEFORE REQUESTED DATE

- UT Campus Group                      \$25 Application Fee                      Paid \_\_\_\_\_
- Community Group                      \$30 Application Fee                      Paid \_\_\_\_\_

Requested Event DAY & DATE:

Applicant Name (Print): \_\_\_\_\_

*The undersigned, hereinafter referred to as the Applicant, hereby makes application for permission to use the Student Recreation Center as noted below on the date(s) specified for the purpose(s) indicated.*

Applicant Signature: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Organization Represented: \_\_\_\_\_

Title / Relationship: \_\_\_\_\_

Event Description: \_\_\_\_\_

Start Time: \_\_\_\_\_ AM PM      End Time: \_\_\_\_\_ AM PM      Set Up Time: \_\_\_\_\_ AM PM

Total # Expected: \_\_\_\_\_      # Of Chaperones: \_\_\_\_\_      Age Range of Group: \_\_\_\_\_

Areas Desired	Time:	Start	End	Check Other Needs
<input type="checkbox"/> Gym Courts		_____	_____	<input type="checkbox"/> Gym Equipment
<input type="checkbox"/> Lap Pool		_____	_____	
<input type="checkbox"/> Weight Room		_____	_____	
<input type="checkbox"/> Track		_____	_____	
<input type="checkbox"/> Dance Room		_____	_____	
<input type="checkbox"/> Locker Room		_____	_____	

\* The HEC Staff reserves the right to adjust times and assignments to meet the operational needs of the facility.

\* Payment of all rentals is due previous to entry unless approved in writing, in advance by the Director.

\* Personal checks must bear the name, address and phone number of the remitter, and a check sequence number.

OFFICE USE:

CONFIRMATION #: \_\_\_\_\_ ROOM: \_\_\_\_\_