State University of New York
College at Oneonta
Department of Intercollegiate Athletics & Recreation
Phone: 607-436-3582 Fax: 607-436-3581

Facility Use Request
(print this form and mail to Athletic Dept. 312 Alumni Field House)

<table>
<thead>
<tr>
<th>Indoor Facilities</th>
<th>Outdoor Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Dewar Arena</em> (additional form may be required if approved)</td>
<td><em>Baseball Field</em></td>
</tr>
<tr>
<td><em>Field House Dance Studio</em></td>
<td><em>Softball Field</em></td>
</tr>
<tr>
<td><em>Chase Gymnasium</em></td>
<td><em>Turf Field</em></td>
</tr>
<tr>
<td><em>Chase Dance Studio</em></td>
<td><em>Outdoor Track</em></td>
</tr>
<tr>
<td><em>Skybox (additional approval required)</em></td>
<td><em>Tennis Courts</em></td>
</tr>
<tr>
<td></td>
<td><em>Intramural Field</em></td>
</tr>
</tbody>
</table>

Requested Date(s): ________________________________ Time(s): ________________________________
Purpose: ______________________________________________________________________________
______________________________________________________________________________________

Your Name: ________________________________
Address: ______________________________________________________________________________
______________________________________________________________________________________

Phone: Home: ________________________________
Office: ________________________________
Cell: ________________________________
Fax: ________________________________

Please review and initial policies on reverse side of this form

For “Off Hours” events requiring additional HVAC and/or Electrical support, please contact the Maintenance Department at 436-2507. If a work order is required by maintenance, please contact the Athletic Office at 436-3594.

Dean/VP/Faculty Advisor Signature/Date
(person liable for injuries, damages, etc):

Requestor Signature/Date
(Read and initial rules on reverse side)

For Office Use Only:
Approved by: Scheduler: ________________________________ Date: ________________________________
Athletic Dept. Designee: ________________________________ Date: ________________________________
Is this a College sponsored or co-sponsored event? Yes ____ No ____
Permit Required? Yes ____ No ____
Fees: Space $____ Supervisor $____ Est. Maint. $____ Stage $____ UP $____ Tax $____
POLICIES FOR USE OF ATHLETIC FACILITIES

Please read the following and initial at the bottom of this document

- Show respect for the facilities at all times.
- Show respect for all SUNY Oneonta employees.
- Use requested facilities only for their intended purpose.
- Obey all facility restrictions as indicated on signage, for example:
  - No dark-soled shoes or cleats in Dewar Arena or Chase Gym
  - No athletic tape on Gym floors, turf field or track surface
  - No food, chewing gum or soft drinks (water is okay) unless approved
  - Clean up all trash and debris
  - No ball-playing of any kind against Dewar Arena walls
- Present Student ID whenever it is requested.
- Immediately notify Athletic Department personnel of any damage that occurs.
- You will be responsible for any damage to facility.
- Refrain from abusive language.
- We reserve the right to remove you from the facility should the above policies not be adhered to.
- Multiple use requests will be evaluated to allow facility availability to the widest range of student groups.

I have read and understand the above policies and I agree to uphold them.

__________________________
Initial here
DEWAR ARENA RESERVATION FORM
State University of New York
Oneonta, New York 13820
Phone - 436-3594

NOTE: This form should be completed and returned to the Athletic Department within 10 days of initial reservation request.

Person Requesting

Address

Sponsoring Organization

Phone

Program Information
All Contractual Agreements Must Be Submitted to the Director of Athletics & Recreation.

Event Type: (Athletic Contest, Concert, Etc.)

DATE(S):

EVENT TIME FRAME:
From: To:
From: To:

Court Areas: (circle) 1 2 3
Other Rooms: ___ Skybox ___ Dance Studio ___Dressing Rooms ___Atrium

Attendance Expected
Admission Fees of $ Program Open To: ☐ Student Body ☐ Public ☐ Faculty

SET-UP TIME IF NEEDED:

DRAW DIAGRAM OF ARENA SET UP, IF NEEDED
(ATTACH A SEPARATE SHEET IF NECESSARY)

• Arena Dimensions - 188' x 144'
• Seating Capacity - 4,000 with chairs or 2,700 with bleachers only

1. Room Set Up
   ___ Bleachers
   ___ Floor Covering
   ___ Tables (Specify Number and Size)
   ___ Chairs (Specify Number)
   ___ Head Table (Specify Number)
   ___ Piano
   ___ Podium
   ___ Staging (Specify Dimensions)
   ___ Skirting
   ___ Background Curtains

2. Equipment
   ___ Campus Sound
   ___ Campus Electrician (ext. 2507)
   ___ Lighting
   ___ Other (Coat Check, GenieOperator, etc.)

3. A.V. — Specify
   ___ VCR/TV
   ___ Overhead
   ___ Screen
   ___ Cassette
   ___ Mic
   ___ Slide Program
   Arrange with
   AV Tech. at ext. 3318

4. Catering
   ___ Coffee Hour
   ___ Buffet
   ___ Sit down
   ___ Bar
   ___ Reception
   Arrange with
   Food Service Mgr. at ext. 3934

I understand that this event must be operated in accordance with the laws of the state of New York and policies of the State University of New York and State University College at Oneonta. In signing I accept financial responsibility for any damages to equipment and/or property resulting from misuse or negligence during the reservation period.

SIGNED _______________________________ DATE _______________________________

SIGNED _______________________________ OFFICE PH: _______________________________

APPROVED _______________________________ DATE _______________________________

DIRECTOR OF ATHLETICS/RECREATION _______________________________