



INTRAMURAL SPORTS

Equipment Rental Reservation Request Form

THIS FORM MUST BE COMPLETED AND RETURNED **NO LATER THAN 7 BUSINESS DAYS PRIOR TO THE SCHEDULED EVENT**. PLEASE NOTE THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL. THIS FORM IS ONLY FOR EQUIPMENT RENTAL. FOR FACILITY RENTAL PLEASE CONTACT COLVIN CENTER MAIN OFFICE. PLEASE SUBMIT THE COMPLETED FORM TO imsports@okstate.edu OR TO THE COMPETITIVE SPORTS OFFICE (104) COLVIN RECREATION CENTER.

APPLICANT INFORMATION

Name: _____ Group/Organization _____

Billing Address: _____ Applicant Email: _____

_____ Applicant Phone: _____

Is your group a Student Organization? Yes No

If no, is your event affiliated with a Department of the University? Yes No

Please explain: _____

EVENT INFORMATION

Event Date: ____ / ____ / ____ Event Time Frame: _____ Location: _____

Please describe your event and need for using Intramural equipment:

Payment Method:

Student Organization:

Organization's Account # _____ Advisor or President's Name _____

Phone # _____ Email: _____

Other method of payment _____

Bursar payment:

OSU Department Account _____

EQUIPMENT RENTALS

EQUIPMENT WILL BE PROVIDED ON THE DAY OF YOUR EVENT OR ON FRIDAY IF IT IS A WEEKEND EVENT UNLESS OTHER ARRANGEMENTS ARE MADE. EQUIPMENT MUST BE REQUESTED BEFORE EVENT IS CONFIRMED. IF EXTRA EQUIPMENT IS NEEDED ON THE DAY OF THE EVENT, YOUR GROUP WILL INCUR THE APPROPRIATE CHARGES. EVENT STAFF AND OFFICIALS WILL BE DETERMINED SOLELY AT THE DISCRETION OF THE OFFICIALS ASSOCIATION ADVISOR.

STAFFING/Referees (\$15/HOUR):

Quantity: _____ Description: _____

Field Painting (\$100/field):

Quantity: _____ Description: _____

PUSH PAINTER/EQUIP (\$20)

Description: _____

VOLLEYBALLS (\$20):

Quantity: _____

FOOTBALLS (\$20):

Quantity: _____

FOOTBALL FLAGBELTS (\$20):

Quantity: _____

SOCCER BALLS (\$20):

Quantity: _____

SOCCER CORNER FLAGS/EQUIP (\$20):

Quantity: _____ DESCRIPTION: _____

BASKETBALLS (\$20):

Quantity: _____

JERSEYS/PENNIES (\$20):

Quantity: _____

DODGEBALLS (\$20):

Quantity: _____

KICKBALLS (\$20):

Quantity: _____

POKER CHIPS/CARDS (\$20):

Quantity: _____

SOCCER GOALS (\$50)

Quantity: _____

MISC. EQUIP REQUEST (\$20)

Description: _____ Quantity: _____

I acknowledge by submitting this form, I am only submitting a request that is tentative and does not guarantee availability. I understand before my reservation is confirmed, I must submit payment or make payment arrangements. The Competitive Sports Office will inspect **ALL** equipment before checking out **AND** when returned, before return is complete. Students/Organizations will be held responsible for all damage, loss, or failure to return equipment and the full value of equipment will be applied to personal Bursar account or University account.

Signature: _____ Date: _____

OFFICE USE ONLY

Date Application Received: _____ Date Confirmed: _____

Pickup Time/Date: _____ Drop off Time/Date: _____

Date Invoiced: _____ Date Paid: _____

ADDITIONAL COMMENTS/INSTRUCTIONS (FACILITY USE ONLY)