Procedure for reserving the West Gym Pool by internal and student organizations for recreational and sport related activities.

- Student and internal organizations wishing to use the West Gym Pool must first complete the form attached.

- Please submit the request a minimum of two weeks prior to the event to secure necessary staffing.

- Each SA chartered organization, Fraternity or Sorority has 2 designated representatives who are authorized to reserve facilities on-campus each year. Reservation requests and all final arrangements will only be accepted from those individuals.

- Resident Advisors who wish to request space for a hall program also need the signature of their Resident/Community Director.

- The completed form must be submitted to the Main Office of the West Gym or via e-mail to figueroa@binghamton.edu. The organization will be notified one week by phone or e-mail the status of the request. If approved, the organization will be sent written confirmation of the request with any information pertinent to the event.

- Reservations will not be accepted from any organization with an outstanding balance from a previous event with the West Gym or any other venue on campus.

- Organizations are required to monitor who is using the facility reserved during the time frame of the event. For events that allow non-University people into the facility, the guest policy will be used and event staff may be hired depending on the nature of the event.

- The organization assumes responsibility for maintaining the facility during the event. Failure to follow posted rules could result in cancellation of the event. Any damage or necessary clean-up will be billed to your organization.

- Fees are as follows: Lifeguard $16.49/hour, Building Supervisor $15.00/hour

*Please note that the number of lifeguards depends on number of participants

Any questions regarding the reservation process can be directed to Amber Hawley-Figueroa at figueroa@binghamton.edu or 777-2120.
West Gym Pool Request Form

Internal Organizations/Student Associations

Organization: ________________________________________________________________

Campus Address: ____________________________________________________________

Contact Person: ____________________________ Phone: ____________________

Email: ________________________________________________________________

Title and Brief Description of Event: ____________________________________________

_________________________________________________________________________

Date Requested: ______/_______/__________ Time Requested: ____________________

Expected Attendance: ____________

Will you be charging for entrance into the event? ( ) Yes ( ) No

If yes, how much? _____

Will you have food/drinks? ( ) Yes ( ) No

If yes, describe: __________________________________________________________

Your organization assumes responsibility for maintaining the facility during the event. Any damage or necessary clean-up will be billed to your organization. Your organization agrees to reimburse HWS for usage as outlined on the first page of this request form.

Requestor’s Signature: ____________________________ Date: ________________

If applicable, signature of Resident/Community Director for RA Programs:

____________________________________________________ Date: ______________

OFFICE USE ONLY

( ) Approved

( ) Disapproved

Comments: ____________________________________________________________

HWS signature: __________________________________ Date: ________________

Date notification sent to requestor and facility coordinator: ______/______/_________