

Phone: (671) 735-2862

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RESERVATION REQUEST FORM

<u>Please print or type</u>		Date:		
Name of Organizatio	n:			
Address:				
Contact person(s):		Phone:		_Email:
		Phone:		_Email:
		Time(s) From:		To:
		Time(s) From:		To:
PURPOSE OF EVENT:				
Will you be selling concessions?			□ YES	
Will you be selling programs, wares and merchandise?			□ YES	
Will you be having entrance fee/ticket sales?			□ YES	
Will you be using the Scoreboard? (additional \$500)			□ YES	
TYPE OF ORGANIZAT	ION:			
Commercial Organization		Private Organization		Youth - Athletic
Nonprofit Organization		UOG Campus Organization Unit		🗆 Adult - Athletic
Government of Guam Agency		UOG Student Organization		Other:
FACILITIES REQUESTE	ED:			
			Other	
Basketball Court	•			
Soccer Field Def Food & Beverage Concession Area				
APPROVED		DECLINED		
Athletics & Field Hou	ise Director	Date		