Smith College Sports Clubs

Competition Facility Request Form

Club: ______________________________________________  Date Submitted: ________

Person filing this report: ______________________________  Group Size: ____________

**On-Campus Competitions:**

Facility Requested: _____________________________  2nd Choice: _____________________

Date: ________________  Start Time: __________  End Time: _________

Date: ________________  Start Time: __________  End Time: _________

Date: ________________  Start Time: __________  End Time: _________

Date: ________________  Start Time: __________  End Time: _________

Any Additional Equipment Needs (tables, cones, etc.):
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

**Off-Campus Competitions:** (You must submit a travel itinerary ten days prior to your trip)

Date(s): _____________________  Location: ________________________

Date(s): _____________________  Location: ________________________

Date(s): _____________________  Location: ________________________

Date(s): _____________________  Location: ________________________

---

**For Official Use Only**

**Bonnie May:**  Request Approved: _______  Date: __________

**Theresa Collins:**  Request Approved: _______  Date: __________

**Athletic Trainers:**  Request Approved: _______  Date: __________

Request Not Approved: _______  Date: __________

**Conditions/Requirements/ Comments:**
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________