

Idaho State University Campus Recreation
SPORT CLUBS PROGRAM

Local Event Application

Sport Club: ISU Sport Club

Event Coordinator: Phone #: ()

Event Information Questionnaire

1) Where exactly will this local event take place?

Location: Address:

City: State: Zip:

2) What is/are the scheduled date(s) and time(s)?

Date(s): Time(s):

3) What facilities and equipment will be needed?

4) Does the visiting team have any needs? If so, please list.

5) Do the spectators have any needs? If so, please list.

6) a. Is there a post-event party scheduled? YES NO

b. Where will the party be hosted?

c. Will alcohol be served? YES NO

7) What Sport Club(s) and/or teams will be participating?

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

8) What is the plan for inclement weather?

9) Who will...

Primary Person

Secondary Person

a. Attend to the injured person?

b. Call 9-1-1?

c. Meet and direct EMS?

d. Accompany the injured to the ER?

e. Notify the Assistant Director?

Campus Recreation Use Only

Date Rec'd - -

Approval Signature