

**OAC Facility Request Form**

**Willard Climbing Wall or Challenge Course(s)**

**THIS FORM MUST BE SUBMITTED TO SENIOR ADMINISTRATOR AND OAC DIRECTOR FOR APPROVAL. PLEASE FILL AT LEAST THREE DAYS PRIOR OF PROGRAM.**

Today’s Date: Click here to enter a date.

Staff/Faculty Name: Click here to enter text. Phone number: Click here to enter text.

Program Name: Click here to enter text.

Number of Participants: Click here to enter text. Age: Click here to enter text.

Name of Event/Brief Description: Click here to enter text.

**FACILITY RENTAL**

Willard Climbing Wall (Contact Athletic Director to use gym)

Challenge Course Indoors (Contact Athletic Director to use gym)

Challenge Course Low Elements Woodlot

Challenge Course Highs Elements Woodlot

**DATES FACILITY TIMES**

**APPROVAL**

Click here to enter a date. Click here to enter text. From: Click here to enter text. To: Click here to enter text.

Click here to enter a date. Click here to enter text. From: Click here to enter text. To: Click here to enter text.

Click here to enter a date. Click here to enter text. From: Click here to enter text. To: Click here to enter text.

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Click here to enter a date. Click here to enter text. From: Click here to enter text. To: Click here to enter text.

**APPROVAL**

**ADDITIONAL DATES AND TIMES**

**Date(s) Facility Time(s):**

Click here to enter a date. Click here to enter text. From: Click here to enter text. To: Click here to enter text.

Click here to enter a date. Click here to enter text. From: Click here to enter text. To: Click here to enter text.

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Click here to enter a date. Click here to enter text. From: Click here to enter text. To: Click here to enter text.

Do you have trained staff?  Yes No

Names of the trained staff: Click here to enter text.

**Staff needed?** Yes  No

Staff/Faculty member signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff/Faculty member name printed: Click here to enter text.

**APPROVAL**

**APPROVAL**

Senior Administrator signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

Senior Administrator name printed: Click here to enter text.

OAC Director signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

OAC Director name printed: Click here to enter text.

Explain if not approved: Click here to enter text.

**Outside group programming please fill out these forms: Event Agreement Form for Non- College Events, Facility Request Forms for Outside Groups, and Participant Assumption of Risk. All these forms can be requested from the Business office.**