**UNIVERSITY OF WAIKATO**

**Field or Facility Booking Request Form**

Hirer Contact Details

|  |  |
| --- | --- |
| Organisation |  |
| Address |  |
| Contact Person |  |
| Phone |  |
| Email |  |

Booking Details

|  |  |
| --- | --- |
| Date of Booking |  |
| Booking Time |  |
| Booking Venue (Circle One) | Pool / Fields or Courts / School of Education Gym or Mirror Room |
| Description of Facility Usage |  |

Pool Booking Requirements (please only fill out if booking the University Pool)

|  |  |
| --- | --- |
| Approximate Number Swimmers |  |
| Age of Swimmers |  |
| Number of Supervisors |  |
| Facility to Book (Circle One) | Entire Facility Exclusively / Entire Facility with Public / Dive Pool Exclusively |

Fields/Courts Booking Requirements (please only fill out if booking the Fields or Courts)

|  |  |
| --- | --- |
| Number of people |  |
| Field/s to Book (e.g. 1 x touch sized field) or Number of Courts |  |

SOE Gym/Mirror Room Booking Requirements (please only fill out if booking these)

|  |  |
| --- | --- |
| Number of people |  |
| Equipment to be used |  |

For further information on booking these facilities please contact:

uwsc-bookings@waikato.ac.nz

uowpool@waikato.ac.nz