



Student Involvement

KINESIOLOGY FIELD AGREEMENT FORM

TODAY'S DATE: _____

ORGANIZATION NAME: _____

APPLICANT: _____

PHONE: _____ EMAIL: _____

DATE(S) REQUESTED: _____

DESCRIPTION OF EVENT: _____

TYPE OF EVENT: (circle one) Practice Competition Tournament

PARTICIPANTS: ___Fresno State Students Only ___Visitors/Guests Included

TIME OF EVENT: _____ SET-UP TIME: _____ CLEAN-UP TIME: _____

EXPECTED ATTENDANCE: _____

OFFICIALS NEEDED? _____ HOW MANY? _____

NO-SHOW POLICY:

If your organization does not show up for your reservation, you will be required to pay the supervisor fee at the rate of \$12 per hour. Failure to pay the supervisor fee will result in loss of recognition, the cancellation of all reservations, and new reservations cannot be made until the fee is paid in full.

TIME LIMIT:

If your organization stays longer than your reservation time for the field, you will be required to pay the supervisor fee at the rate of \$12 per hour.

CLEAN-UP/DAMAGE:

Groups that use the facility are responsible for leaving the area in satisfactory condition and must accept responsibility for any damage or loss incurred as the result of its use. **Damaging the grounds or leaving the grounds in an unusually dirty or disorderly condition may result in the organization being billed for the cost of restoring the facility to its normal condition. Extensive damage will also result in denial of future facility use.**

If a reservation is made for a Saturday or Sunday, the Grounds Manager will make a final determination by Friday at 3 p.m. if the field is not in condition to play on.

By signing below, your organization agrees to the information listed above.

Signature of Applicant

Date

Signature of Advisor

Date

Reference # _____

Approved by: KIN ATHL RM PO UPD