

**Recreational Services
Conference Attendees & Official Campus Visitors
Application Request**

Requesting Department: _____ Contact Person: _____

Campus Address: _____

Email Address: _____ Phone: _____

Group Name: _____ Number of People: _____

Dates Requested: _____ Number of Days: _____

Circle facility to be used:

Pools only

Rec Complex only

Combo

Circle form of payment:

Participant Pays

Bill Dept (pre-pay)

Bill Dept (post-pay)

Circle Option: 1 2 3

Option 1: 1 to 6 days

Option 2: 7 to 31 days

Option 3: Summer semester

Conference Coordinator Signature: _____ Date: _____

Applications must be received two weeks prior to the scheduled event or visit.
You will receive an email verifying receipt and confirmation of dates requested.

Completed applications may be returned by fax to (785) 532-4983 or through
campus mail to:

Recreational Services
Conference/Visitors
101 Peters Rec Complex

Telephone: (785) 532-6980