

THE UNIVERSITY OF THE WEST INDIES **SPORT AND PHYSICAL EDUCATION CENTRE**

ST. AUGUSTINE, TRINIDAD & TOBAGO, WEST INDIES Telephone/Fax: (868) 645-9239

_	RAL INFORMATION: CANT (Please Specify):		
	HONE: FAX: EMAIL:		
NAME	OF EVENT:		
	OF EVENT:		
ADMIS	SSION FEE (if applicable)		
NUMB	ER OF PEOPLE ATTENDING THE EVENT	FACILITY ATTENDANT	
DATE	TIME	For official use	
FACI	LITIES REQUIRED: (tick where applicable)	Hours	
	Indoor Court		
	Outdoor Court		
	Cricket Pitch/Grounds		
	Cricket Pavilion and Changing Rooms		
	Football Field SPEC Administration		
	Rugby Field		
	Tennis Court		
	Swimming Pool		
	Running Track		
	Classroom/Conference Room		
	Locker Rooms		
	Car Park		
	Indoor Washrooms		
	Outdoor Washrooms		
	OTHER(specify)		
FOLIT	PMENT REQUIRED:		
_	-		
Do yo	u need any equipment from UWI SPEC for this event? No Yes	(Specify)	

Tents Other (Please Specify be		(Liaise with Director and F	acility Supervisor)	
Printed Name		Signature		Date
*(PAYMENT MUS	ST BE MADE	IN FULL PRIOR	TO THE EVENT)	
	FC	OR OFFICIAL USI	E ONLY	
RENTAL F	EQUEST	APPROVED	DENIED	
		APPROVED es will be applicable		
The Fo				
The Fo	llowing Charg			
The Fo	llowing Charge			

Waivers and discounts are contingent upon strategic plan developmental policies and would be guided by Director, Sport Manager and, in special circumstances, Senior Management. Management reserves the right to make any necessary adjustments to the rental charges.

Date

Director

Please ensure that you receive a copy of this form prior to your event. This form will be needed to access the facilities on the day of your event.