

Sport & Fitness Center
Basketball Court Reservation Form

Name _____

Student Organization/Club _____

Telephone Number _____ Email Address _____

Dates Requested _____

Times _____

Activity _____

Full or Half Court _____

Appx. Number of Participants _____

Ages of Participants _____

Signature _____ Date _____

**Please drop off this form at the front desk or e-mail it to Wendy Christensen
wc701@georgetown.edu**

PLEASE NOTE THERE MAY BE A RENTAL FEE INVOLVED.