

## Sac State Aquatic Center Rowing Equipment Request Form

Date Submitting Request:	_____
Date Requesting Usage:	_____
Time Requesting Usage:	_____

\*\*\*Equipment Requests **MUST** be made at least one week in advance\*\*\*

Reason for Request (circle one):	Race	Work-Out	Other
If race, please list event number with each boat.			

	Boat	Oars
First Choice Request	_____	_____
Second Choice Request	_____	_____

Please list names of club members using the equipment.

Notes:

8x	8x	4+/4-/4x	2-/2x
C-	C-	C-	2-
8-	8-	4-	B-
7-	7-	3-	2-
6-	6-	2-	B-
5-	5-	B-	2-
4-	4-	C-	B-
3-	3-	4-	1x
2-	2-	3-	
B-	B-	2-	
		B-	

Contact Person	_____
Organization/Group	_____
Phone	_____
E-mail	_____

Approved or Declined by: _____	Date: _____	Time: _____	
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