DRIVING RANGE
PERMIT REQUEST FORM

(Note: This is only a request form, you will be contacted with a confirmation number depending on availability)

All fields must be complete. Submissions must be made a minimum of 7 days before requested date.

Date(s) Requesting _______________________________
Start Time Requesting __________________
End Time Requesting __________________
Organization Name ___________________________________________________
Attendance # __________________________
Event Description _____________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Payment Option:
☑ Pay-on-site
☑ Invoice
☑ Pay Individually
☑ Ohio Univ. Acct. # _________________________________

FACILITY REQUEST
Driving Range
☐ Golf Related
☐ Non-Golf Related (Charged lost revenue cost)

EQUIPMENT REQUEST
Golf Balls
☐ Small Basket $4.00 x (baskets) ______
☐ Large Basket $7.00 x (baskets) ______
☐ Crate (7-8 Lg. baskets) $40.00 x (baskets) ______
Golf Clubs
☐ Clubs are available to use at no charge, in exchange for an I.D.

Total Charges $______________________

Other Arrangements or Requests: __________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

(Agreement on back)

For office use only
Date Received: Time received: am/pm INITIALS: ________
Confirmation #: Estimated Rental Fee: $
AGREEMENT

Golf ball usage fees can be paid by charging to an Ohio University account if applicable, participants can pay individually, or the cost can be tallied the day of the event and a bill sent to the spokesperson. A bill will be sent to the spokesperson at the end of the month and payment is due two weeks thereafter.

Please make checks payable to: Ohio University Golf & Tennis Center

I agree all information above is correct and I will be responsible for all costs incurred.

_________________________________________________________  ______________________________
Signature        Date

Please return to:
Ohio University Golf and Tennis Center
Attn: Travis Post
1 Ohio University
Athens, OH 45701
Email: Postt@ohio.edu
Phone: (740)593-9406
Fax: (740) 593-0573
www.ohio.edu/recreation