



RECREATIONAL SPORTS

ATHLETIC TRAINER REQUEST FORM

Please fill out this form if your club has Athletic Training needs for a game/match/event etc.

Sport Club Name: _____ **Event Coordinator:** _____

Special Event Name: _____

Date(s) of Events: _____ to _____

Location of Event: (check all that apply)

- Recreational Sports Center
- Caven-Clark Field
- Wright-Whitaker Sports Complex
- Wright-Whitaker Courts
- Belmont Hall
- Other: _____

Athletic Trainer(s):

Name of Athletic Trainer: _____ Date: _____ Time: _____
 Name of Athletic Trainer: _____ Date: _____ Time: _____
 Name of Athletic Trainer: _____ Date: _____ Time: _____
 Name of Athletic Trainer: _____ Date: _____ Time: _____

Supplies/Equipment needed for event:

Other needs/comments/requests:

For Staff Only

- Contacted Athletic Trainers? _____
- Confirmed Athletic Trainers? _____
- Invoice receipt #: _____
- Date entered to Horns Link w/ initial: _____