

# Marcelle Athletic Complex Rental Worksheet

Complete and return to:  
Maryette Stuart/Indoor Facility Assistant  
515 Loudon Road  
Loudonville, NY 12211  
518-783-4219 (office)  
518-783-2992 (fax)  
[mstuart@siena.edu](mailto:mstuart@siena.edu)

DATE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

Contact Person: \_\_\_\_\_

(Name)

Please check if contact person is a Siena College Alumnus

If so write year graduated \_\_\_\_\_

(Address)

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Thank you for your interest in renting the fine athletic facilities at Siena College. Please provide us with the following information and add any additional requirements that may have been omitted. This information is important to give you an opportunity to run a high class event.

Date(s) of event: \_\_\_\_\_

Purpose of event: \_\_\_\_\_

Event Name: \_\_\_\_\_

Description of event: \_\_\_\_\_

TM

**Time building opens/usage begins**

Sun: \_\_\_\_\_  
Mon: \_\_\_\_\_  
Tue: \_\_\_\_\_  
Wed: \_\_\_\_\_  
Thu: \_\_\_\_\_  
Fri: \_\_\_\_\_  
Sat: \_\_\_\_\_

**Time building closes/usage ends**

Sun: \_\_\_\_\_  
Mon: \_\_\_\_\_  
Tue: \_\_\_\_\_  
Wed: \_\_\_\_\_  
Thu: \_\_\_\_\_  
Fri: \_\_\_\_\_  
Sat: \_\_\_\_\_

**AREAS of USE:**

- \_\_\_\_\_ Callanan Field House (MAC courts)  
    (4) rubber courts
- \_\_\_\_\_ ARC – (3) Basketball courts
- \_\_\_\_\_ Swimming pool
- \_\_\_\_\_ Racquetball courts (2)
- \_\_\_\_\_ Aerobics center
- \_\_\_\_\_ ARC Lobby
- \_\_\_\_\_ Conference rooms
- \_\_\_\_\_ Baseball Field
- \_\_\_\_\_ Softball Field
- \_\_\_\_\_ Soccer Field
- \_\_\_\_\_ Outdoor tennis courts
- \_\_\_\_\_ Lacrosse Field
- \_\_\_\_\_ Indoor Track

**EVENT REQUIREMENTS:**

- \_\_\_\_\_ bleachers                      \_\_\_\_\_ tables/chairs                      \_\_\_\_\_ field lined
- \_\_\_\_\_ scoreboard/clock (ARC Only)    \_\_\_\_\_ concession stand \_\_\_\_\_ bases
- \_\_\_\_\_ team benches                      \_\_\_\_\_ extension cords (list how many)

**ADDITIONAL REQUIREMENTS :**

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NUMBER OF PARTICIPANTS EXPECTED \_\_\_\_\_.

Estimated age range of participants \_\_\_\_\_

List anticipated counties/state(s) of participants \_\_\_\_\_

NUMBER OF SPECTATORS EXPECTED \_\_\_\_\_.

**Procedure:**

This worksheet is only a request for usage. Once the worksheet is returned:

1. The facility manager will assess whether the facility is available at the requested date and time.
2. The rental fee plus additional expenses will be determined and reviewed with the contact person.
3. If all is agreeable then a rental contract will be prepared and sent out along with an invoice.
4. When you receive the contract you will sign both copies and return one copy to me along with.
5. You will be required to fax or send a certificate of insurance stating 1 million dollars, no later than 10 days prior to the event.

Thank you for considering Siena College as a place to run your event. I will take your request and get back to you with further details. If you have any questions please email or call me.

Procedure:

*These facilities are generally not available during the Fall and Spring semesters when the students are in residence. This worksheet needs to be completed before a cost can be figured.*

Note: There are limited administrative services available after 3pm daily and fewer on Saturdays and Sundays. Thorough preparation should be all that is needed to insure success at your event, emergencies notwithstanding.

You should plan a "walk through" of the site as soon as possible: