

## FACILITIES AND GROUNDS RESERVATION FORM

**INSTRUCTIONS:** Return completed forms to UHV Facilities Services Department, 3007 N. Ben Wilson, Victoria, Texas 77901. **Reservation is not confirmed until it has been returned to you with an approval stamp.** Allow approximately seven days from receipt of request for the University to review your request. Facilities Rates and Guidelines may be found in the Facilities and Grounds Usage policy on the UHV web site at <http://www.uhv.edu/fin/policy/H/h-1.htm>. The Alcoholic Beverages on Campus policy can be found at <http://www.uhv.edu/fin/policy/A/a-41.htm>.

**USER CATEGORY:**

Category 1 – UHV Sponsored Event \_\_\_\_\_  
 Category 2 – Non-profit, schools, Local, State or Federal Governmental Agency \_\_\_\_\_  
 Category 3 – All others \_\_\_\_\_

**EVENT INFORMATION:**

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
 Building: \_\_\_\_\_ Room Type: \_\_\_\_\_ Room #: \_\_\_\_\_  
 Grounds Usage Required (parking, patio, other): \_\_\_\_\_

Approximate Number of People Attending: \_\_\_\_\_ . Multipurpose Room Capacity is 168. (UHV must be notified of any change to this number at least one week prior to the event)

Intended Use: \_\_\_\_\_

Will alcohol be served? \_\_\_\_\_ (If yes, Alcohol Beverage Agreement must be completed)

Exceptions requested: \_\_\_\_\_

**EVENT CONTACT:** Who will be responsible for the reserved space(s) during the event?

Responsible person or university sponsor: \_\_\_\_\_ Phone #: \_\_\_\_\_

“I understand that if this reservation is approved, I will comply with all applicable university policies and procedures, and I will not use the university’s name in conjunction with any non-UHV sponsored event, aside from listing the location. I understand that the University retains the right to cancel, deny, postpone, or alter arrangements for any event if necessary, and that the University has no liability or obligation other than to refund any deposits paid.” I also understand that event activities cannot block or impede hallway or other emergency exits and that the number of participants cannot exceed room capacity.

\_\_\_\_\_  
 Acknowledged & Accepted Date

**BILLING INFORMATION:** Invoices are net 30 days. Full payment due at least 2 weeks prior to event.

Organization Contact: \_\_\_\_\_ Address: \_\_\_\_\_

Organization Name: \_\_\_\_\_

\_\_\_\_\_  
 Phone Number Fax Number Cell Phone Number E-mail Address

**Official Use Only**

<p><b>SCHEDULING COORDINATOR</b>                  Space availability confirmed: _____                  Calendar tentatively updated: _____                      Were exceptions authorized? _____                      If yes, below _____                      Alcoholic beverages to be served? _____                  If yes, has requestor been furnished an Alcoholic beverage use form? _____                  Use: Approved _____ Disapproved _____</p>	<p><b>RENTAL CHARGES</b>                  Space Rental _____                  Special Setup _____                      Custodial _____                      ITV Line _____                      Security _____                  Kitchen _____                  Total \$ _____                  Less Deposit &lt;_____&gt;                  Balance \$ _____</p>	<p><b>FACILITIES EVENT ASSISTANT</b>                  Request accepted _____                  Request declined _____                  Comments _____                  _____                  _____                  Facilities Event Assistant <span style="float: right;">Date</span></p>
<p>_____                  Scheduling Coordinator <span style="margin-left: 50px;">Date</span></p>		<p><b>EXCEPTIONS/DISPUTES</b>                  Request accepted _____ Declined _____                  _____                  _____                  Appropriate VP approval <span style="float: right;">Date</span></p>