

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>SCHEDULING COORDINATOR</p> 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 _____ _____ Scheduling Coordinator Date	<p>RENTAL CHARGES</p> Space Rental _____ Special Setup _____ Custodial _____ ITV Line _____ Security _____ Kitchen _____ Total \$ _____ Less Deposit < _____ > _____ Balance \$ _____	<p>FACILITIES EVENT ASSISTANT</p> Request accepted _____ Request declined _____ Comments _____ _____ _____ Facilities Event Assistant Date _____ <p>EXCEPTIONS/DISPUTES</p> Request accepted _____ Declined _____ _____ Appropriate VP approval Date
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