



UNIVERSITY OF HOUSTON - VICTORIA

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 www.uhv.edu/fin/policy/H/J -1.cur z. The Alcoholic Beverages on Campus policy can be found at www.wj x.edu/fin/policy/A/A-41.cur z.

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: 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 and present onsite 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

SCHEDULING COORDINATOR

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

RENTAL CHARGES

Space Rental
Special Setup
Custodial
ITV Line
Security
Kitchen
Total \$
Less Deposit < >
Balance \$

FACILITIES EVENT ASSISTANT

Request accepted
Request declined
Comments
Facilities Event Assistant Date

Scheduling Coordinator Date

EXCEPTIONS/DISPUTES

Request accepted Declined
Appropriate VP approval Date