University Apartments Event Reservation Application

Date of Function: ________________ Beginning Time: ________________ Ending Time: ________________

Contract Holder Name: ____________________________________________ Apartment #: __________

Email: ____________________________________________ Phone #: __________________________ Number of Guests Attending: ______

Indoors:

___Gateway Community Center – Maximum 100
  8 a.m. – 12 midnight
  Monday – Thursday – No Fee
  Friday – Sunday - $25 Fee

___Colorado Community Center – Maximum 30
  8 a.m. – 12 midnight
  Monday – Thursday – No Fee
  Friday – Sunday - $25 Fee

___Brackenridge Community Center – Maximum 40
  8 a.m. – 12 midnight
  Friday – Sunday - $25 Fee

Outdoors:

___Jasper Park – Maximum 30
  10 a.m. – 10 p.m.
  No Fee

1. Is this event organized by a UT Student organization?    YES NO If YES, list Organization name: ____________________________________________
   Signature of Officer of Organization __________________________________________

2. Is this event organized by an outside organization?    YES NO

3. List event details:__________________________________________________________

4. Will outside vendors be used?    YES NO If YES, provide required documentation

5. Will you assure no sales will take place at this event?    YES NO

6. Will alcohol be served?    YES NO If YES, complete & sign the Alcohol Beverages Request Form below:

REQUEST FOR USE OF ALCOHOLIC BEVERAGES IN THE UNIVERSITY COMMUNITY CENTERS

List Type and Amount of Alcoholic Beverage:________________________________________________________

This request for use of alcoholic beverages in the University Apartments Community Building, located in University Apartments complex, is made with the understanding that no alcoholic beverage will be sold or dispensed for remuneration in or on the premises of the Community Building. It is further understood that all State and Local Laws, as well as Regents and University Regulations, regarding the possession and use if agreement will be made known and understood by those in attendance by the authorized representative whose signature appears below. In addition, the authorized representative agrees to:

1. Monitor the alcoholic consumption of those in attendance and will restrict consumption of those approaching intoxication,
2. Provide alternative beverage and food, and will provide transportation to those who are intoxicated and driving, and
3. Monitor security and notify UT police immediately in the event of any disturbance that occurs during the function with guests in on around the Community Building.

I HAVE BEEN INFORMED OF THE ALCOHOL CONSUMPTION POLICY.

Contract Holder Signature ____________________________ UTEID ____________________________ Date ____________________________

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If you find the Community Center in need of cleanup or repairs, please IMMEDIATELY call the on-call CA 512-496-2803.

I UNDERSTAND THAT I MUST ABIDE BY THE FOLLOWING PROVISIONS: (READ AND INITIAL)

_____ I, as the student contract holder, am solely responsible for the event, the collection and return of the keys.

_____ Keys for a Community Room must be picked up by me before 4 pm on the day of the event. If the event falls on a week-end/holiday, I will pick up the keys on the last business day before 4 p.m. If I fail to pick up the keys, the Community Advisors or other staff may not open the building for me. Reservations are for ONE day only - ONCE per month.

_____ I will be charged to change the locks on all doors if I fail to return the keys by the day after my event. Keys are to be returned to the University Apartments Office no later than 10 a.m. the following day to avoid a re-key charge. Keys may be returned to the drop box located outside the office if it is after hours or a holiday.

_____ Guest parking is limited/restricted to designated areas only. Cars will be towed if improperly parked.

_____ I am responsible for any disruptive activities or damage caused by myself or my guests. The University is not responsible for loss or damages to you or your guest’s personal property.

_____ Student Organization Event requests will be reviewed by the Director, Residential Facilities.

_____ Events at University Apartments may be organized by student residents only and will be reviewed by the Apartment Coordinator or Associate Director. Outdoor and Student Organization event requests will require an in-person meeting.

_____ All events must be in compliance with University rules and policies. Outside organization events are not permitted at University Apartments. I assure no outside organizations will invite, contribute, plan, fund, or solicit for this event.

_____ Participants/organizers may not solicit for any non-UT business, organization or service.

_____ No University logos or trademarks may be used without permission of the Office of Trademarks and Licensing.

_____ Use of any off campus vendors requires that you provide a Certificate of Liability Insurance for a minimum of $1,000,000 to the Associate Director of University Apartments at least 7 days prior to the event date. The University must be named as a Certificate Holder on the Certificate of Liability Insurance form.

_____ Any stages provided by off-campus vendors must be inspected and signed off by a Structural Engineer who is licensed by the State of Texas.

_____ Public consumption of alcohol is not permitted.

_____ Amplified Sound is only available in designated areas and at certain times.

_____ The area must be left in clean condition by 11:59 p.m. If it is necessary for University staff to do any cleanup or repair damages, you will be charged for the service.

- Take out all trash to dumpsters.
- Wipe all spills, pick up debris on floors/tables/furniture/counter-tops, sweep and mop the main room, the restrooms, & kitchen area.
- Return furniture to its original location.

- Clean kitchen appliances and discard any unused food items.
- Don’t forget the restrooms!
- Close the windows, turn off all lights, and lock all doors.

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Contract Holder Signature ___________________________ Resident UTEID ___________________________ Date ___________________________

Staff Signature ___________________________ Apartment Coordinator – University Apartments ___________________________

(For office use only)

On-Call CA: ___________________________ Date Bldg/Rm checked: ___________________________ Time: ___________________________ 37 Metal chairs counted: ___________________________

Condition of Bldg/Rm: ___________________________

DHFS 3/14 Key Set Issued: 1 2 3 4 Date of Key Pick-up: ___________________________