



UNIVERSITY OF HOUSTON DOWNTOWN  
**EVENT REQUEST FORM**

EVENT TITLE: \_\_\_\_\_ EST. ATTENDANCE: \_\_\_\_\_

SPONSORED BY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

WORK Ph #: \_\_\_\_\_ ALT Ph #: \_\_\_\_\_ TYPE OF ROOM REQUESTED: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_ TO \_\_\_\_\_

SET-UP REQUIRED: \_\_\_(YES) \_\_\_(NO) If YES, a separate drawing of room set-up **MUST** be attached to this request at submission and **BEFORE** confirmation. After-hours and/or weekend staffing and/or set-ups require an additional charge to requestor.

FOOD/CATERING at Event : \_\_\_ (YES) \_\_\_(NO) Will you be using UHD Food Services: \_\_\_ (YES) \_\_\_(NO)  
A **TEMPORARY FOOD PERMIT REQUEST** must be attached to this form if not using UHD Campus Food provider.

SOUND SYSTEM/ MULTI-MEDIA NEEDS: \_\_\_(YES) \_\_\_(NO) You must contact the **MULTIMEDIA** department directly at (713) 221-8190 or (713) 221-8244 to reserve equipment and for price information.

RESERVED PARKING \_\_\_(YES) \_\_\_(NO) **A REQUEST FOR PARKING SERVICES** form and **SCR** must be completed to confirm services.

ALCOHOL SERVED: \_\_\_(YES) \_\_\_(NO) If yes, please complete an **APPLICATION for ALCOHOL PERMIT** and submit the Community Relations and Conference Services Department for consideration. Permit request must be submitted 30 days prior to the event date. Once approved by the appropriate authority as stated in the procedures and guidelines, return to the Community Relations and Conference Services department.  
Alcohol **MAY NOT** be served on campus unless prior approval has been obtained.

**AS REQUESTER FOR THE ABOVE EVENT, I AGREE TO ABIDE BY THE POLICIES GOVERNING THE USE OF UNIVERSITY FACILITIES. I ALSO AGREE TO ACCEPT RESPONSIBILITY FOR ANY DAMAGES, LOSS OR THEFT OF UNIVERSITY EQUIPMENT AND PROPERTY, INCLUDING ALL CHARGES INCURRED.**

**I AFFIRM THAT AS THE REQUESTOR (AND STUDENT ORGANIZATION ADVISOR) I WILL BE PRESENT AT ALL TIMES WHEN THE RESERVED FACILITY IS IN USE**

<b>STAFF AUTHORIZATION:</b>	<b>FACULTY AUTHORIZATION:</b>	<b>STUDENT AUTHORIZATION:</b>
_____	_____	_____
Requester Ext.	Requester Ext.	Requester Ext.
_____	_____	_____
Department Supervisor Ext.	Chair Ext.	Staff/Faculty Advisor Ext.
_____	_____	_____
V.P. of Administration & Finance *	V.P. of Academic Affairs *	Student Activities Ext.
		_____
		V.P. of Student Services *

\* SIGNATURE OF V.P. MUST BE PROVIDED FOR ALL EVENTS INVOLVING EXTERNAL GUESTS, MEDIA & CONTRACTED SERVICES

**Return completed form to: COMMUNITY RELATIONS & CONFERENCE SERVICES**  
University of Houston-Downtown, 621-South, Houston, Texas 77002  
Phone: 713-221-8580 Fax: 713-226-5209

**FOR OFFICE USE ONLY**

EVENT DATE: \_\_\_\_\_ ROOM: \_\_\_\_\_

DATE ROUTED: \_\_\_\_\_ FM  MM  PD  INFO  IT

SET-UP DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ CR & CS APPROVAL \_\_\_\_\_