University Apartments Community Room & Jasper Park 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 Fe Friday – Sunday - \$25 Fee | e | Outdoors: |
| Triday Sunday - 325 rec | | Outdoors. |
| Colorado Community Center | – Maximum 30 | Jasper Park – Maximum 30 |
| 8 a.m. – 12 midnight | | 10 a.m. – 10 p.m. |
| Monday – Thursday – No Fe | e | No Fee |
| Friday – Sunday - \$25 Fee | | |
| | | |
| Brackenridge Community Cer | iter – Maximum 40 | |
| 8 a.m. – 12 midnight Friday – Sunday - \$25 Fee | | |
| Triday – Suriday - 323 i ee | | |
| 4 Lastita account account and force | v substile sussettent v | |
| 1. Is this event organized by a | - | ES NO |
| 2. List event details: | | |
| 3. Will outside vendors be use | d? YES NO If | YES, provide required documentation |
| 4. Will you assure no sales will | take place at this event? YE | S NO |
| 5. Will alcohol be served? YE | S NO If <u>YES</u> , complete & sig | n the Alcohol Beverages Request Form below: |
| REQUEST FOR USE OF ALCOHOLIC BE | /FRAGES IN THE LINIVERSITY CON | AMUNITY CENTERS |
| List Type and Amount of Alcoholic Bev | | MINISTRE CENTERS |
| | | |
| | | |
| | | s Community Building, located in University Apartments complex, |
| | | dispensed for remuneration in or on the premises of the Commus as Regents and University Regulations, regarding the possession as |
| | | dance by the authorized representative whose signature appears |
| below. In addition, the authorized rep | resentative agrees to: | |
| | mption of those in attendance an | d will restrict consumption of those approaching |
| intoxication,2. Provide alternative beverage | and food, and will provide trans | portation to those who are intoxicated and driving, |
| and | | 3 , |
| Monitor security and notify with guests in on around the | | nt of any disturbance that occurs during the function |
| HAVE BEEN INFORMED OF THE ALCOHOL | CONSUMPTION POLICY. | |
| | | |
| Contract Holder Signature | UTEID | Date |
| | OILID | Dutc |

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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 ABID I, as the student contract holder, am solely response | | · · · | | |
|---|---|---|--|--|
| Requests with less than two business days' notic | th less than two business days' notice may not provide the office sufficient time for approval. | | | |
| Keys for a Community Room must be picked up b week-end/holiday, I will pick up the keys on the last b open the building for me. Reservations are for ONE d | usiness day before 4 p.m. If | | | |
| If the event date occurs during a holiday when the must contact the On-call CA/CC in advance of the appropriate of the community room key, no more than 24 hours | oved reservation start time to | schedule a time with the On-call CA/CC to | | |
| I will be charged to change the locks on all doors returned to the University Apartments Office <u>no later</u> returned to the drop box located outside the office if it | than 10 a.m. the following d | | | |
| Guest parking is limited/restricted to designated a | areas only. Cars will be towe | d if improperly parked. | | |
| l am responsible for any disruptive activities or diresponsible for loss or damages to you or your guest's | | ny guests. The University is not | | |
| University Apartments Community Rooms and Jasper Organizations are prohibited from requesting reserva Associate Director. Outdoor event requests will requi | ations. Events will be review | | | |
| All events must be in compliance with University University Apartments. I assure no outside organization | | | | |
| Participants may not solicit for any non-UT busin used without permission of the Office of Trademarks a | _ | No University logos or trademarks may be | | |
| Use of any off campus vendors requires that you \$1,000,000 to the Associate Director of University Apa be named as a Certificate Holder on the Certificate of I | ortments at least 7 days prior | | | |
| Any stages provided by off-campus vendors must by the State of Texas. | t be inspected and signed off | by a Structural Engineer who is licensed | | |
| Public consumption of alcohol is not permitted. A The area must be left in clean condition. If it is not will be charged for this service. | | _ | | |
| Failure to comply with any of these rules can res | ult in loss of privileges to res | erve the community rooms. | | |
| ✓ Take out all trash to dumpsters. ✓ Wipe all spills, pick up debris on floors/tables/furniture/counter-tops, sweep and mop the main room, restroom(s) & kitchen area. ✓ Return furniture to its original location. | unused ✓ Do not | Rooms: Exitchen appliances and discard any Id food items. If forget the restrooms! The windows, turn off all lights, and lock all | | |
| Contract Holder Signature | Resident UTEID | Date | | |
| Staff Signature | Apartment Coor | dinator – University Apartments | | |
| On-Call CA/CC: Date Bldg/Rm checked | • | • • | | |
| Condition of Bldg/Rm: | | | | |
| DHFS 8/16 Key Set Issued: # 1 2 3 4 | Date of Key Pick-up: | | | |