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 Fee
Friday – Sunday - $25 Fee

Outdoors:

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

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

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

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

2. List event details: ____________________________________________

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

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

5. 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.

Requests with less than two business days’ notice may not provide the office sufficient time for approval.

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, staff may not open the building for me. **Reservations are for ONE day only - ONCE per month.**

If the event date occurs during a holiday when the University Apartments Office is closed for an extended period of time I must contact the On-call CA/CC in advance of the approved reservation start time to schedule a time with the On-call CA/CC to receive the community room key, no more than 24 hours before the approved reservation start time.

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.

University Apartments Community Rooms and Jasper Park may only be reserved by student residents. Student and Outside Organizations are prohibited from requesting reservations. Events will be reviewed by the Apartment Coordinator or Associate Director. Outdoor 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 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. 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, restroom(s) & kitchen area.
- Return furniture to its original location.

**Required Cleaning for Community Rooms:**

- Clean kitchen appliances and discard any unused food items.
- Do not forget the restrooms!
- Close the windows, turn off all lights, and lock all door.

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**Contract Holder Signature**

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**Resident UTEID**

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**Date**

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**Staff Signature**

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**Apartment Coordinator – University Apartments**

On-Call CA/CC: __________________ Date Bldg/Rm checked: __________________ Time: __________ 28/26/86 Metal chairs counted: ________

Condition of Bldg/Rm: __________________

DHFS 8/16 Key Set Issued: # 1 2 3 4 Date of Key Pick-up: __________________