

# UNIVERSITY APARTMENTS

## University Housing and Dining

### Community Room Reservation Application

Date of Function: \_\_\_\_\_ Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_  
(11pm is the latest end time)  
Contract Holder Name: \_\_\_\_\_ UT EID: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone #: \_\_\_\_\_ Number of Guests Attending: \_\_\_\_\_

\*Request forms must be submitted at least two business days prior to the requested reservation

|   |  |
|---|--|
| <input type="checkbox"/> <b>Colorado</b> Community Room<br>• Max. Total Occupancy: 30<br>• Monday – Friday 5PM-11PM: \$15 Fee<br>• Saturday – Sunday 9AM-11PM: \$30 Fee     | <input type="checkbox"/> <b>Gateway</b> Community Room<br>• Max. Total Occupancy: 50 (Max. Upstairs: 20)<br>• Monday – Friday 5PM-11PM: \$15 Fee<br>• Saturday – Sunday 9AM-11PM: \$30 Fee |
| <input type="checkbox"/> <b>Brackenridge</b> Community Room<br>• Max. Total Occupancy: 30<br>• Monday – Friday 5PM-11PM: \$15 Fee<br>• Saturday – Sunday 9AM-11PM: \$30 Fee |  |

1. Is this event organized by an organization? **YES** or **NO** Name of org: \_\_\_\_\_
2. List event details: \_\_\_\_\_
3. Will outside vendors be used? **YES** or **NO**
4. Will you assure that no sales will take place at this event? **YES** or **NO**
5. Will alcohol be served? **YES** or **NO** *If YES, complete the Alcoholic Beverages Request section*

#### **REQUEST FOR ALCOHOLIC BEVERAGE USE IN THE COMMUNITY ROOM**

List Type and Amount of Alcoholic Beverage: \_\_\_\_\_

This request for use of alcoholic beverages in the University Apartments Community Room is made with the understanding that no alcoholic beverage will be sold or dispensed for remuneration in or on the premises of the Community Room and surrounding area. It is further understood that the authorized representative whose signature appears below will ensure that all people attending the function will abide by all State Laws, Local Laws, Regents Regulations and University regulations regarding the possession and use of alcohol. 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 beverages and transportation to those who are intoxicated; and
3. Monitor security and notify UT police immediately in the event of any disturbance that occurs during the function in and around the Community Room.

**I HAVE BEEN INFORMED OF THE ALCOHOL CONSUMPTION POLICY:**

\_\_\_\_\_  
**Contract Holder Signature**

\_\_\_\_\_  
**UT EID**

\_\_\_\_\_  
**Date**

# University Apartment Community Room Reservation Rules

**Contract Holder Responsibility:** Contract holders with approved reservations are responsible for the community room, the collection and return of the keys. If the Community Room is in need of cleanup/repairs, call on-call staff at 512-496-2803 immediately. Smoking is prohibited inside the community room and within 25 feet of the building. University Apartments Community Rooms may only be reserved by contract holders for personal use. Student organizations, outside organizations, classes, and departments are prohibited from making reservations and/or using the space. All reservations must be in compliance with University rules and policies. Organizations are prohibited from inviting, planning, hosting, attending, funding, and soliciting in community rooms. Contract holders with approved reservations are responsible for any disruptive activities and damage caused by themselves and guests. The contract holder with the reservation must be present in the community room for the duration of the reservation. The contract holder must inform guests and family members of these rules. The University is not responsible for loss or damages to my or my guest's personal property. Use of off campus vendors is not permitted. Public consumption of alcohol is not permitted. Amplified sound is not permitted. Failure to comply with any community room rules can result in loss of privileges.

**Billing, Keys & Access:** Community room keys must be picked up by me by 4PM on the last business day before the reservation. 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 reservation occurs during a holiday when the University Apartments Office is closed for an extended period of time I must contact the On-Call CA in advance of the approved reservation start time to schedule a time with the On-Call CA to receive the community room key, no more than 24 hours before the approved reservation start time. I will return the keys to the University Apartments Office no later than 9AM on the day following my reservation to avoid a re-key charge. Keys may be returned to the drop box located outside the office. 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 issued to the contract holder the approved reservation. Keys cannot be given to anyone else. The contract holder will be billed for the reservation whether they pick up the keys or not.

**Cleaning:** The room and outdoor area must be left in clean condition. The contract holder must bring their own cleaning supplies. If it is necessary for staff to clean or repair damages, the contract holder will be charged for staff labor and material costs. Remember to:

- Take out all trash to dumpsters
- Clean all spills
- Sweep & mop floors in entire room
- Clean kitchen appliances
- Close all windows
- Lock all doors

**General Rules:** Guest parking is limited and restricted to designated areas only. Cars will be towed if improperly parked. Brackenridge community room maximum occupancy is 30 people. Colorado community room maximum occupancy is 30 people. Gateway community room maximum occupancy is 50 people. Occupancy signs in the rooms are different than the reservation occupancy limit numbers. Bringing additional furniture or stages to the reserved space, including tables, chairs, etc. is prohibited. An Automated External Defibrillator (AED) and Bleeding Control Kit are available in all community rooms.

**Acknowledgement:** I acknowledge receipt of the above University Apartments community room rules. I understand and agree to follow the rules and regulations in this document.

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|                 |      |                           |      |
|-----------------|------|---------------------------|------|
| Contract Holder | Name | Contract Holder Signature | Date |
|-----------------|------|---------------------------|------|

**-- FOR STAFF USE ONLY--**

**Community Room Reservation Application Staff Review**

\_\_\_\_\_  
Administrative Staff Signature of Review & Approval

\_\_\_\_\_  
Apartment Life Staff Signature of Approval

Key Set Issued: # 1 2 3 4 (Circle one)

\_\_\_\_\_  
Date of Key Sign Out

**Post-Reservation Room Condition Staff Check List:**

|                                       |       |       |              |              |
|---------------------------------------|-------|-------|--------------|--------------|
| Walls (circle all that apply):        | Good  | Dirty | Paint Damage | Marker Stain |
| Refrigerator (circle all that apply): | Clean | Dirty | Empty        |              |
| Kitchen countertops (circle one):     | Clean | Dirty |              |              |
| Stove and inside oven (circle one):   | Clean | Dirty |              |              |
| Bathroom condition (circle one):      | Clean | Dirty |              |              |

|   |      |      |
|---|------|------|
| All trash removed (circle one):               | Yes  | No   |
| Items left behind (circle one):               | Yes  | No   |
| Cigarettes or smoke smells (circle one):      | Yes  | No   |
| Outside of community room clean (circle one): | Yes  | No   |
| Ceiling and lights in order (circle one):     | Yes  | No   |
| AED intact (circle one):                      | Yes  | No   |
| Bleeding Control Kit intact (circle one):     | Yes  | No   |
| Condition of tables (circle one):             | Good | Poor |
| Condition of room overall (circle one):       | Good | Poor |

Chairs counted: \_\_\_\_\_

Tables counted: \_\_\_\_\_

|  |     |    |
|--|-----|----|
| <b>In Brackenridge:</b> Both doors closed & locked (circle one): | Yes | No |
| <b>In Colorado:</b> All 4 doors closed & locked (circle one):    | Yes | No |
| <b>In Colorado:</b> Bathroom door closed & locked (circle one):  | Yes | No |
| <b>In Gateway:</b> All 3 doors closed & locked (circle one):     | Yes | No |
| <b>In Gateway:</b> Bathroom windows & doors locked (circle one): | Yes | No |

*\*If "No", did you correct it? \_\_\_\_\_*

Staff notes about room/outdoors condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Date of Room Inspection: \_\_\_\_\_ Time of Room Inspection: \_\_\_\_\_