TEXAS A&M UNIVERSITY VICTORIA

Form A

FACILITIES AND GROUNDS RESERVATION FORM

INSTRUCTIONS: Return completed forms to Facilities Services Department, 2301 N. Ben Wilson, Victoria, Texas 77901.
Allow approximately seven days from receipt of request for the University to review your request. Facilities guidelines may be found in the Facilities and Grounds Usage policy. Please review the The Alcoholic Beverages on Campus policy.

USER CATEGORY:

Category 1 – Texas A&M University-Victoria Sponsored Event _____
Category 2 – Non-profit, schools, Local, State or Federal Governmental Agency_____
Category 3 – All others _____

EVENT INFORMATION:

Date of Event: _____ Start Time: _____ End Time: _____

Building: _____ Room Type: _____ Room #: _____

Grounds Usage Required (parking, patio, other): _____

Approximate Number of People Attending: _____
(A&M-Victoria must be notified of any change to this number at least one week prior to the event)

Name of Event: _____

Will alcohol be served? _____ (If yes, Alcohol Beverage Agreement must be completed)

Exceptions requested:_____

EVENT CONTACT: Who will be responsible and present onsite for the reserved space(s) during the event?

Responsible person or university sponsor: _____ Phone #: _____
"I understand that if this reservation is approved, I will comply with all applicable university policies and procedures, and I will not use the university's name in conjunction with any non-A&M-Victoria sponsored event, aside from listing the location. I understand that the University retains the right to cancel, deny, postpone, or alter arrangements for any event if necessary, and that the University has no liability or obligation other than to refund any deposits paid." I also understand that event activities cannot block or impede hallway or other emergency exits and that the number of participants cannot exceed room capacity.

_____ _____
Acknowledged & Accepted Date

BILLING INFORMATION: Invoices are net 30 days. Full payment due at least 2 weeks prior to event.

Organization Contact: _____ Address: _____

Organization Name: _____ _____

_____ _____ _____ _____
Phone Number Fax Number Cell Phone Number E-mail Address

Official Use Only

SCHEDULING COORDINATOR
Space availability confirmed: _____
Calendar tentatively updated:_____
Were exceptions authorized?_____
If yes, below_____
Alcoholic beverages to be served?_____
If yes, has requestor been furnished an Alcoholic beverage use form?_____
Use: Approved _____ Disapproved _____

_____
Scheduling Coordinator Date

RENTAL CHARGES
Space Rental _____
Special Setup _____
Custodial _____
ITV Line _____
Security _____
Kitchen _____
Total $_____
Less Deposit <_____>

Balance $_____

_____
Appropriate VP approval Date