

**University of Houston System at Sugar Land (UHSSL)  
Facilities and Grounds Reservation Form**

**INSTRUCTIONS:** Return completed forms to University of Houston System at Sugar Land, Facilities Services Office, 14000 University Blvd., Sugar Land, Texas 77479. **Reservation is not confirmed until it has been returned to you with an approval stamp.** Allow approximately seven days from receipt of request for the Center to review your request.

**USER CATEGORY:**

Category 1 – UH System Sponsored Event \_\_\_\_\_  
Category 2 – All others \_\_\_\_\_

**EVENT INFORMATION:**

Date of Event: \_\_\_\_\_ Set-up Time: \_\_\_\_\_ Breakdown Time: \_\_\_\_\_  
Room Type: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_  
Grounds Usage Required (parking, patio, other): \_\_\_\_\_  
Approximate Number of People Attending: \_\_\_\_\_  
(UHSSL must be notified of any change to this number at least one week prior to the event)  
Intended Use: \_\_\_\_\_  
Will food be served? \_\_\_\_\_ (If yes, UHS Temporary Food Dealer’s Permit/Request must be completed)  
Will alcohol be served? \_\_\_\_\_ (If yes, Alcohol Beverage Agreement must be completed)  
Exceptions requested: \_\_\_\_\_

**EVENT CONTACT:** Who will be responsible 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-UHSSL sponsored event, aside from listing the location. I also 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.”

\_\_\_\_\_  
Acknowledge & Accepted Date

**BILLING INFORMATION:** Deposit is due at time of approval. Full payment is due at least 1 week prior to event. Makes checks payable to University of Houston System.

Organization Contact: \_\_\_\_\_ Address: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number Email

**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

**RENTAL CHARGES**

Space Rental \_\_\_\_\_  
Setup \_\_\_\_\_ Request declined \_\_\_\_\_  
Custodial \_\_\_\_\_  
Security \_\_\_\_\_  
Servery \_\_\_\_\_  
Total \$ \_\_\_\_\_  
Less Deposit < \_\_\_\_\_ >  
Balance \$ \_\_\_\_\_

**FACILITIES COORDINATOR**

Request accepted \_\_\_\_\_  
Request declined \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_  
Facilities Coordinator Date

**EXCEPTIONS/DISPUTES**

Request accepted \_\_\_\_\_ Declined \_\_\_\_\_

\_\_\_\_\_  
Appropriate approval Date