



Department of Campus Recreation Reservation Checklist

Please make sure to return the following items to Kim Pickens, Reservations in room 1007 of the Campus Recreation & Wellness Center in order to schedule your reservation. Forms may also be faxed at 713.743.9517. Thank you in advance!

- Reservation Request Form
- Facilities Use Agreement Form (Addendum D)
- Event Registration Form (for Campus Organizations)
- Vendor Setup Form [individual or for groups/organizations]
- Facility Rules

Please keep and review the attached Reservations Rental information and policies! Note that completion of your request does not guarantee reservation. You must receive a confirmation and sign a Rental Agreement to complete a reservation. If you have any questions, feel free to contact, Kim Pickens at crecres@central.uh.edu.



Jan 2010

DEPARTMENT OF CAMPUS RECREATION RESERVATION REQUEST FORM



Today's date: _____

Name of Group/Organization: _____ Student Organization
 University / Department
Event Title: _____ Faculty / Staff
 Other / Non-Affiliated

Number of people estimated: _____

Day(s)/Date(s) Requested: _____ / _____ / _____ / _____ / _____
Times: Start Time (including setup) _____ AM PM End Time (clean up/tear down completed by) _____ AM PM

2nd Choice Day(s)/Date(s): _____ / _____ / _____ / _____ / _____
Times: Start Time (including setup) _____ AM PM End Time (clean up/tear down completed by) _____ AM PM

Forms of Payment: ___ Cashier's Check ___ Money Order ___ Voucher ___ Credit Card **(NO CASH OR PERSONAL CHECKS)**

JH student groups/organizations need an Event Registration Form, from Campus Activities, and possibly, other applicable forms required by the University.

Contact Information

Name of Contact: _____

Phone #: _____ Alt. Phone#: _____

Email: _____ Fax #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Event Type (please check all that apply)

- 1. Tournament/ League/Games
- 2. Meeting
- 3. Rehearsal (auditions, practices, etc.)
- 4. Academic Event
- 5. Banquet / Luncheon / Dinner / Reception
- 6. Display Table/Booth (information table, etc.)
- 7. Fundraiser
- 8. Lecture/ Seminar
- 9. Performance / Fashion Show
- 10. Social Event (mixer, dance, party, game night, etc.)
- 11. Conference
- 12. Swim / Dive Meet
- 13. Retreat, staff training, ceremony, special tour, camp, etc.)

Area Requested (if known)

- Main Gym / 1 court 2 courts 3 courts
- Center Court / North South Both
- Multipurpose Room 1 Multipurpose Room 2 Both
- Multipurpose Room 3 Rotunda
- Multipurpose Room 4 Multipurpose Room 5 Both
- Combat Room Wet/Dry Classroom
- MAC Climbing Wall Sand Volleyball
- Racquetball Courts (4 cts) Squash Courts (2 cts)
- Leisure Pool [outdoor pool] Wellness Classroom
- Natatorium [shallow / dive well / 6 or 8 lane setup]
- Cullen Fields [east / west / north]
- Sport Club Field [1] Administrative Conference Room
- Entire Recreation Facility

Describe activity: _____

Will you charge admission? Yes No Admission Charge _____

Will you serve food? Yes No Caterer or type of food expected _____ (open flame permit possibly required)

Is it open to public? Yes No

Do you plan on selling merchandise? Yes No If yes, what? _____

Do you intend to serve alcohol at your event? Yes No (alcohol requires approval and paid supervision by UH Police Department)

Will you require an amplified sound device (e.g. PA system, radio, mics, speakers, drums, etc.)? Yes No

Will you invite the media to your event? Yes No (if yes, extra forms from the University must be filled out)

(See reverse side in order for your reservation to be processed)

Additional Requests (please check all that apply; some items might have extra charges for its usage)

- Chair(s) if yes, how many? _____
- Table(s) if yes, how many? _____
- Table top Scoreboard(s) (a fee of \$25/scoreboard will be assessed)
- Flag Football Flags – how many? _____
- Balls, if yes please specify what kind, along with how many: _____
- Partition(s) dropped (court use only)
- Stanchions
- Bleachers (seat 35 adults per bleacher section) – indoor only
- Natatorium scoreboard timing system – for indoor pool events only
- Other: _____

Will any of the group attendees participating be under the age of 18? Yes No

Groups with children 17 years old and under will be asked to fill out a Waiver Form with a parent/guardian signature prior to entering the Activity Zone. For larger groups proof of Insurance Coverage policy must be received prior to the event.

Vendor Setup (must be filled out in order to receive deposit/payment reimbursement/refund)

Will the group have a tax I.D. number for the reimbursement? Yes No If Yes, have tax I.D. number on-hand at the time of completing the Vendor Setup Form. If No, an Individual Vendor Setup Form must be completed.

By checking here and signing below, you acknowledge and understand the Vendor Setup Form (either Individual or Group) must be completed, signed and returned to the Reservations Department before beginning the reimbursement process. Failure to do so will prolong any partial or entire refunds agreed upon, for your event.

I acknowledge and understand the above statement provided.

Staff Charges (charges to be assessed by Campus Recreation Department on per event basis)

- Special Event Staff - \$15/ hr
- Maintenance Staff - \$25/hr
- UHPD - \$30.00/hr - \$38.50/hr (for student groups) and \$41.00/hr - \$52.00/hr (for non-student groups)
- Wristbands- \$0.20 / person

Campus Recreation General Rules

- **Reservations MUST be made 2 weeks prior to the requested date of the event.**
- Deposit must be made to hold event date and time. Vendor Setup Form must be completed prior to return of any refund due.
- Payment must be received 5 days prior to the event in order to host your event with Campus Recreation. Failure to make payment by the deadline will result in possible cancellation of the event. There are no partial payments accepted.
- Your group must be done at the scheduled conclusion of your event due to Back-to-Back scheduling.
- **No confetti, glitter or adhesives (other than painter's tape) to be used for decorations. No duct tape.**
- If there is any damage to the facility and/or the facility is not cleaned properly, the cost of the repairs and/or clean up will be charged to the responsible group.
- **There will be no Vehicles on Fields and no Bicycles/Skateboards/Roller shoes in Indoor Facilities.**
- Failure to follow these rules may result in the group forfeiting its privilege to reserve facilities in the future.
- The Department of Campus Recreation is NOT LIABLE for any charges incurred by the group reserving the facility, or injury to a participant or anyone hired for the event by the group reserving the facility.
- *In the event your group would like to cancel, please notify CR Reservations Department, at least seventy-two (72) hours prior to event. Contact 713.743.1126 or 713.743.9505.*

My signature on this form indicates that I have read and understand the General Rules.

Signature _____ Date _____

Campus Recreation Reservations Department ♦ Attn: Kim Pickens ♦ 4500 University Drive ♦ Houston, Texas 77204-6056
(713) 743-1126 phone ♦ (713) 743-9517 fax ♦ crecres@central.uh.edu email

Campus Recreation use only:

Approved: _____ Denied: _____

- Kim Pickens / Reservations _____ Date: _____
- Reginald Riley / Sr Assoc Dir, Facilities _____ Date: _____
- Linda Buonnano / Director _____ Date: _____
- Joe Woodson / Assistant Dir, Aquatics _____ Date: _____

Addendum D

FACILITIES USE AGREEMENT FORM

Lessee

Name/Contact: _____

Company/Organization: _____

Department: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

UH Sponsored? Yes No Sponsor: _____

Insurance: The lessee must submit a certificate of insurance and a completed copy of this agreement to:

Director, Risk Management
University of Houston System
Office of Facilities, Planning, and Construction
Houston, Texas 77204-1852

Event

Event Name: _____

Event Date(s): _____ Event Time(s): _____

Purpose/Function: _____

Audience/Attendees: _____

Facility and Fees

Building: _____ Room: _____

Classification E&G Auxiliary Reservation Office: _____

Fees: Special Support Services: \$ _____ (attach itemization, if applicable)
Room Rental Charges: \$ _____ (attach approved waiver request, if applicable)
Extraordinary Utility and Maintenance Deposit: \$ 200.00
Total Amount Due: \$ _____ Due By: _____

Form of Payment: Cashier's Check Money Order Voucher SCR

The lessee agrees to pay all rental fees by the date stated herein. Failure to pay fees by the due date shall result in limitations or restrictions on future use of any UH facility by the lessee. The lessee is solely responsible for the activities, supervision, and safety and welfare of participants, including but not limited to times when participants are in University common areas, restrooms, classrooms, parking areas, or on any University property. This agreement is made upon the express condition that the University shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury or injuries to any person or persons or property of any kind whatsoever, whether the person or property of the lessee, its agents, employees, or third persons, from any cause or causes whatsoever while in or upon premises or any part thereof during the term of this Agreement, or occasioned by any occupancy or use of premises or any activity carried on by the lessee in connection therewith, and the lessee hereby covenants and agrees to release, forever discharge and/or indemnify, defend and hold the University, its System, its components, regents, officers, agents, and employees, harmless from any and all claims, losses, suits, demands, causes of action of whatever kind and nature, proceedings, damages or liabilities, including attorney's fees, on account of or by reason of any such injuries, death, liabilities, claims, suits, or losses however occurring or damages growing out of the same; whether or not caused by the negligence, act, or omission of the University. The lessee agrees to comply with all laws, ordinances, and regulations applicable to the intended use and occupancy. In addition, the lessee agrees to be responsible for payment of federal, state, or local taxes, which may be levied against the entertainment being presented or on admission to such entertainment activity. The lessee shall not cause or permit anything to be done to mar, deface, or otherwise render the facilities unusable. The lessee shall leave the premises in the same condition as the commencement of occupancy, except for ordinary wear and use.

Lessee Signature: _____ Date: _____

Reservation Agent: _____ Date: _____



UNIVERSITY OF HOUSTON SYSTEM-WIDE

VENDOR SETUP FORM - COMPANIES, CONTRACTORS, AND RESEARCH STUDY PARTICIPANTS

VENDOR: Complete and FAX to UH System Vendor ID at 713-743-0521. Questions? Call 713-743-8746 or send an email to "VendorID@uh.edu".

Company/Contractor Name: _____ Check if Doing Business As (DBA) Name
Remit To Address and Contact
Name To Make Payment To, if different than above: _____
Street Address or PO Box: _____
City: _____ State: _____ Zip Code: _____
Region/Province: _____ Country: _____
Contact Name: _____ Title: _____
Phone: _____ Fax: _____ E-Mail: _____
Purchase Order information, if different:
Street Address or PO Box: _____
City: _____ State: _____ Zip Code: _____
Region/Province: _____ Country: _____
Contact Name: _____ Title: _____
Phone: _____ Fax: _____ E-Mail: _____
Preferred method of receiving purchase orders: Fax E-Mail US Mail Other _____

Business Classification (check one of the following and provide related information):
(1) US Sole Proprietorship Owner Name _____ Owner Social Security Number _____
(2) US Partnership Partner 1 Name _____ Partner 1 Social Security Number _____
Partner 2 Name _____ Partner 2 Social Security Number _____
(3) Texas Corporation Type "C" OR Professional Corporation/Association Texas Corporate Charter No. _____ (10 digits)
(4) Non-Texas Corporation Type "C" OR Professional Corporation/Association
(5) Research Study Participant (US Citizen or Resident Alien)
(6) Other US Domestic Entity _____
(7) Foreign (non-US) Entity or Individual Without Taxpayer Identification Number (TIN)
NOTE: IF YOU MARK FOREIGN ENTITY, WE MAY FORWARD AN INTERNAL REVENUE SERVICE (IRS) FORM W-8, CERTIFICATE OF FOREIGN STATUS, TO YOU. THIS MAY EXEMPT YOU FROM BACKUP WITHHOLDING. FORM W-8 DOES NOT EXEMPT YOU FROM THE 30% (OR LOWER PERCENTAGE BY TREATY) NONRESIDENT WITHHOLDING TAXES. TO CLAIM THIS EXEMPTION, YOU MUST FILE IRS FORM 8233 WITH US. FOR MORE INFORMATION, REFER TO IRS PUBLICATION 519.

REQUIRED INFORMATION - ALL VENDORS OR PAYEES

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the University of Houston System, or may result in the UH System having to deduct backup withholding amounts from its payments to you.
US Taxpayer Identification Number (TIN), also known as Federal Employer Identification Number (FEIN) _____ (9 digits)
If no TIN, but applied for, date applied _____
Vendor Number Assigned by UH System (if known) _____ (10 digits)
SUBSTITUTE IRS FORM W-9 CERTIFICATION
Under penalties of perjury, I certify that the above information is correct and that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
Certification Instructions - You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.
Signature of vendor representative (REQUIRED) _____ Date _____

Contact for Vendor Setup Form
Name of person who completed form _____ Title _____ Phone _____ E-Mail _____

University of Houston System-Wide
Individual Setup Form

Name Last _____
 First _____
 Middle (or Initial) _____

Social Security No. _____ If no SSN, check here. _____

Note: SSN is required, except for individuals residing outside the US and refund recipients.

Address Line1 _____
 Line2 _____
 Line3 _____
 Line4 _____
 City _____
 State _____ Zip Code _____
 Region/Province _____ Country _____

Classification State Employee _____ Agency No. _____
(check all that apply) Board of Regents _____
 University Student _____
 Prospective Employee _____
 One-Time Refund of Money Paid to Univ. _____ *Refund approved by: _____
 Other Individual (explain in Comments) _____

This form is only for voucher payments issued through Accounts Payable (e.g., reimbursements) and will not affect payee information in Payroll.

Comments _____

**Vendor Signature _____
Submitted by _____ Date _____
Phone _____ E-Mail _____

* One-time refund must be approved by the appropriate department approver.

**Vendor Signature is required for all cases except for one-time refunds.

Fax completed form to Vendor ID (Fax: 713-743-0521).

For questions, email VendorID@uh.edu or call 713-743-8746 or 713-743-8745.