

Reservation Checklist

Please make sure to return the following items to Kim Pickens, Reservations in room 1002 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)
- Minor Waivers (distributed to all parents and completed prior to arrival)
- Individual Vendor Setup Form [necessary for refund processing]

Please keep and review any attached Reservations Rental information and policies!

Note that completion of your request does not guarantee reservation.

You must receive a confirmation, sign a Facilities Use Agreement and pay your invoice in total to complete a reservation.

If you have any questions, feel free to contact, Kim Pickens at crecres@central.uh.edu.

RESERVATION REQUEST

LEISURE POOL PARTY (OUTDOOR POOL) FORM

Today's date: _____

Name of Child: _____

First Choice Date of Party: _____

Second Choice Date of Party: _____

Contact Information

Name of Contact: _____

Phone #: _____ Alt. Phone#: _____

Email: _____ Fax #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Party Times Available:

(2 hour party)

- 12:30pm – 2:30pm 3:00pm – 5:00pm 5:30pm – 7:30pm
 Party for up to 25 people (children & adults) - \$155
 Party for up to 50 people (children & adults) - \$265

* prices based on up to either 25 people or 50 people (respectively). You are allowed to bring in beverages (water, juice, soda), food (pizza, sandwiches, etc.) and cake for your guests. Alcohol is prohibited.

Leisure Pool Parties include:

- 1 Party Staff and Lifeguard(s)
- Setup (tables and chairs, trash cans)
- Clean up (tables and chairs, trash cans)

Payment Policy: \$50 deposit is due to hold event date and is refundable after the event date. Final payment is due 5 days prior to the event. Forms of acceptable payment are cashier's check, money order and credit card (MC, VISA, AMEX). All payments must be made out to the University of Houston.

Cancellation Policy: Full refund for cancellations 48 hours in advance. No refunds the day of event.

Rain Policy: In the event that the Leisure Pool is closed due to inclement weather, the Shallow End of the indoor pool is made available.

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.

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

By checking here and signing below, you acknowledge and understand the Vendor Setup Form 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.

Campus Recreation General Rules

- Reservations **MUST** be made 2 weeks prior to the requested date of the event to ensure proper scheduling!!!!
- Deposit of \$50 must be made to hold event date and time. Vendor Setup Form must be completed prior to return of any refund due.
- Payment is required 5 days prior to the event. Failure to make payment by the deadline will result in possible cancellation of the event.
- 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, please.**
- If there is any damage to the facility, the cost of the repairs and/or clean up will be charged to the responsible group.
- 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 forty-eight (48) hours prior to event. Contact 713.743.1126 or email crecres@central.uh.edu.*

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

Signature _____ Date _____

Campus Recreation / Reservations ♦ 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, Reservationist _____ Date: _____

Reginald Riley, Sr Assoc of 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: CRWC Room: Leisure Pool
 Classification E&G Auxiliary Reservation Office: 1002

Fees: Special Support Services: \$ _____ (attach itemization, if applicable)
 Room Rental Charges: \$ _____ (attach approved waiver request, if applicable)
 Extraordinary Utility and Maintenance Deposit: \$ 50.00
 Total Amount Due: \$ _____ Due By: _____

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

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, or 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: Kim Pickens Date: _____



Department of Campus Recreation
www.uh.edu/recreation

Print this form and fax it to us.

phone (713)743-1126 fax (713)743-9517

Credit Card Authorization Form

For credit card purchases, fill out and sign this form where noted. Then fax the form to us. If we have sent you a Billing Invoice, please sign off as accepted and return the Billing Invoice with this form. As soon as we receive the completed forms, we will process your order request.

I, as the Cardholder named below, authorize the University of Houston on behalf of its Department of Campus Recreation to accept fax, e-mail, and mail orders. I have completed the below Credit Card Authorization Form in good faith, and I understand that any order is not valid until accepted by the University of Houston, who reserves the right to refuse any purchase or sales orders, either written or verbal. I understand that the University of Houston makes no warranties other than those set forth in this agreement or created by law in the state in which I reside. Upon the completion and signing of this form, I hereby authorize the University of Houston to charge the below credit card for the price of the item(s) or services provided.

Cardholder's Name*:		
Cardholder's Address*:		
City:	State:	Zip:
E-mail Address:		
Daytime Phone:	Fax:	
Credit Card Type:	Expiration Date:	
Credit Card Number:	3-Digit Security Code:	
Amount of Purchase (including shipping and tax if applicable):		
Signature:		

*The **Cardholder Name and Address** that you list on this form must match the information on the credit card for the authorization to be accepted by **Visa** or **MasterCard**.

Please note that we will process your credit card for authorization at the time of receipt. Also be advised that we do not share information provided to us with any third party. We take special care to make sure that all account and personal information is held in the strictest confidence.

Note: Modification of this Form Requires Approval of the Office of the General Counsel

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 Individual rented facility and deposit is being returned upon completion of services rendered and all conditions being met.

****Vendor Signature** _____
Submitted by Kim Pickens
Phone 713.743.1126

Date _____
E-Mail arecres@central.uh.edu

* 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.

Revised 12/04/09