



TTUHSC El Paso Facility Use Form

Date of Event: _____

Time of Event: _____

Name of Event: _____

Event Sponsored by: _____

Name of Contact Person & Phone Number: _____

Meeting Location, Room Name & Number: _____

Number of expected attendees: _____

(Additional parking may require assistance from UMC, if needed please advise)

Will alcohol be served? YES _____ NO _____

Will parking arrangements be required: YES _____ NO _____

Types of vehicles: Cars, Trucks, Mobile (RV type) vehicles, Buses: _____

What time do you want the set up? _____

Number of tables _____ Location _____ Vendors _____

Food Service:

Will food be delivered? _____ Catered? _____ Grill Request? __Y__ __N__

Name of Catering Company _____ HSC OP 61.07 Met? __Y__ __N__

Will heating be required for food? YES _____ NO _____

If Yes, what type: Electrical _____ External Heat _____ Other _____

Will audio visual be used? YES _____ NO _____ If yes, what type _____

Will the event require ADA accommodations for attendees? Yes _____ NO _____

Possible number of attendees requiring special accommodations? _____

Notes: _____

Please Note: A work order to clean the reserved room needs to be submitted to Special Events Department for each room reservation.