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.