

LBJ STUDENT CENTER ROOM RESERVATION REQUEST

Email: lbjreservations@txstate.edu • Phone# 512.245.2264

Name of Event: _____ Date of Application: _____

Organization/Department: _____ Contact Person: _____

Contact Person E-Mail Address: _____ Phone #: _____

Food or Beverage: (circle one) YES NO * If not catered, did you complete and turn in Food Waiver (circle one) Yes No

Name of Caterer: _____ Phone #: _____

Are you serving Alcohol: YES ___ NO Contact Chartwells for all alcoholic beverages. An Alcoholic Beverage form must be completed

Event Date(s)			Event Time			Decorating Times			Expected	Room/Space
Month	Day	Year	AM/PM	to	AM/PM	AM/PM	to	AM/PM	Attendance	Requested

If you are using the ballroom or multipurpose room did you turn in a diagram? (Circle one) YES NO

_____ Chairs _____ Round Tables _____ 6 ft Tables _____ Seminar Tables _____ Dance Floor _____ Stage Risers (4ft x 8ft)

Our equipment is available for rental. Price list is available on request.

- | | |
|---------------------------|---------------------------------------|
| _____ Amplified Podium | _____ LCD Projector (portable) |
| _____ Cordless Microphone | _____ LCD Projector (ceiling mounted) |
| _____ Standard Microphone | _____ Portable/Sound System |
| _____ Laptop Computer | _____ Piano |

1. **CONFIRMATIONS. ACCEPTANCE OF THIS FORM DOES NOT CONSTITUTE A CONFIRMATION OF YOUR REQUEST.** The Reservations Office will provide a printed confirmation of your request. **READ YOUR CONFIRMATION CAREFULLY!** It is the client's responsibility to notify the Reservations Office of any corrections or additions that need to be made to the confirmation.
2. **ASSIGNMENT OF ROOMS.** The Reservations Office reserves the right to reassign rooms as necessary.
3. **CHARGES.** All charges for equipment, overtime, security, technical assistance and other fees will appear on your printed confirmation. Other charges added after you receive your confirmation will be itemized on your invoice.
4. **CANCELLATIONS.** Different rooms have different cancellation policies. A copy of the Cancellation Policy is available in the Reservations Office. **Failure to cancel a reservation according to the policy will result in a cancellation fee.** For more information check our web page or call our office 245-2264.
5. **FOOD/BEVERAGES.** Compliance with existing Student Center Food Policy is required and failure to do so may result in loss of future room reservations. A copy of the Food and Beverage Policy is available in the Reservation's Office.
6. **RESPONSIBILITY OF SPONSORING ORGANIZATION.** Failure of a group to exercise proper care of the facility will result in cancellation of the remaining reservation. Costs of repairs or replacement of damaged facility, equipment or excessive housekeeping will be billed to the organization. Knowledge and understanding of all Student Center Policies is the responsibility of the sponsor.
7. **THE ORGANIZATION RELEASES AND AGREES TO INDEMNIFY TEXAS STATE AND ALL ITS EMPLOYEES FROM ANY CLAIMS ON ACCOUNT OF DEATH, PERSONAL INJURY, OR PROPERTY DAMAGE THAT MAY OCCUR FROM ANY CAUSE DURING THE ORGANIZATION'S USE OF THE FACILITY, REGARDLESS OF WHETHER THE DEATH, PERSONAL INJURY, OR PROPERTY DAMAGE IS CAUSED BY TEXAS STATE'S NEGLIGENCE OR THE NEGLIGENCE OF ANY OF ITS EMPLOYEES. THE ORGANIZATION INTENDS TO INDEMNIFY TEXAS STATE AND ITS EMPLOYEES FROM THE CONSEQUENCES OF THEIR OWN NEGLIGENCE.**
8. **Ballroom Deposits for Off Campus/Individuals:** Half of total bill is due within 2 weeks of receiving confirmation to secure the reservation. The remainder of balance is due prior to event date. **See Cancellation Policy.**
9. **The LBJ Student Center is ADA accessible.** If you feel you have special needs due to a disability, contact us at 245-2264.
10. **Reservations for the upcoming weekend must be made by Wednesday before 5 :00 pm**
11. **TEXAS STATE GRANTS THE ORGANIZATION PERMISSION TO USE ITS FACILITY SUBJECT TO THE TERMS OF THIS AGREEMENT. THE ORGANIZATION AGREES TO USE TEXAS STATE'S FACILITY ACCORDING TO THE TERMS OF THIS AGREEMENT.**

Dept. Signature _____ Cost # _____ Fund # _____ IO # _____
 Completing Account information gives us the authority to IDT for payment after the event.

Organization Staff Advisor Signature: _____ Email # _____

Individual's Signature : _____

Individual's mailing address _____ E-mail: _____