LBJSC Regularly Scheduled Meetings Room Request
Phone # 245-2264 / Fax # 245-1715

Application Date: _________________________

Meeting Name: __________________________ Organization: __________________________

Contact Name: __________________________ E-mail: __________________________ Phone: __________________________

Beginning date _________________ Ending Date ____________________ Expected Attendance: ______

Are your meetings: (Circle One) Weekly Bi-Weekly Monthly

1st Choice: Day of the week: (Circle One) Sunday Monday Tuesday Wednesday Thursday Friday Saturday

1st Choice time: From __________ to __________ 2nd Choice time: From __________ to __________

2nd Choice: Day of the week: (Circle One) Sunday Monday Tuesday Wednesday Thursday Friday Saturday

1st Choice time: From __________ to __________ 2nd Choice time: From __________ to __________

1st Room Choice __________________________ 2nd Room Choice __________________________

REGULARLY SCHEDULED MEETINGS ARE BLOCKED FOR 2-HOUR TIME PERIODS ONLY! ANY EXTENSION OF THE TWO-HOUR BLOCK WILL BE CONSIDERED ON A WEEKLY BASIS BASED ON AVAILABILITY.

Equipment is available for rent. Price lists are available in the Reservations Office. Food or Beverage: (Circle One) YES NO * If not catered, Food Waiver Form must be completed.

1. CONFIRMATIONS. ACCEPTANCE OF THIS FORM DOES NOT CONSTITUTE A CONFIRMATION OF YOUR REQUEST. 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 same room will be assigned for each meeting if possible. The Reservations Office reserves the right to reassign rooms as necessary.

3. ROOM SETS. Meeting rooms for regularly scheduled meetings have a standard set. If a room set is altered and not returned to the original set, the reserving party will be charged a setup fee.

4. CANCELLATIONS. Notice of cancellation of a reservation must reach the Reservations Office no later than 48 hours prior to the date of the event. If you meet on the weekends you must call the office by 5 pm on Friday. Failure to cancel a reservation according to the policy will result in a cancellation fee.

5. FOOD/BEVERAGE. 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 Reservations Office.

6. RESPONSIBILITY OF SPONSORING ORGANIZATION. Failure of a group to exercise proper care of facilities will result in cancellation of the remaining reservations. Costs of repairs or replacement of damaged facilities, equipment or excessive housekeeping cost will be billed to the organization. Knowledge and understanding of all Student Center Policies is the responsibility of the sponsor. Members of the Organization must be fully informed by the applicant of the regulations governing reservations.

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. The LBJ Student Center is ADA accessible. If you feel you have special needs due to a disability, contact us at 245-2264.

9. 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.

10. 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.

Staff/Faculty ADVISOR __________________________________ PHONE # __________________ E-mail __________________

Please Print

ADVISOR’S SIGNATURE __________________________________ DATE __________________