West Texas A&M University
Alumni Banquet Facility
Space Request Form

Today's Date: _____

Room Requested: ☐ Banquet Hall ☐ Buffalo Room ☐ Isely Terrace and Buffalo Room

Requested By: _____ Phone: _____

Organization: _____

Address: _____

_____

Name of Event: _____ Approx. Number of Guests: _____

Date of Event: _____ Alternate Date: _____

Please describe the event: _____

_____

☐ Breakfast ☐ Lunch ☐ Dinner ☐ Meeting

(Please note: You must contact Ollie Sims in Catering Services, 806-651-2709, even if you do not plan to have food/beverages at your event.)

Event Start Time: _____ Event End Time: _____

Additional Time for set-up: _____ Additional time for tear-down: _____

Decorations (Flowers, Centerpieces, Balloons, Etc.) _____

_____

Will Alcohol be served (if yes, please describe) _____

Please mark any of the following equipment that will be required:

☐ VHS Video ☐ DVD ☐ Computer presentation ☐ Cassette/CD/MP3 Audio

☐ Microphones: Number _____ Type _____

Please describe your AV needs: _____

_____

By signing below I acknowledge that I have read and agreed to the West Texas A&M University Dr. Hazel Kelley Wilson Alumni Banquet Facility Use Guidelines and agree to pay all applicable fees. It is the responsibility of the requestor to obtain, read, and abide by the Term of Use for the facility.

The user hereby covenants and agrees to hold West Texas A&M University harmless and relieves and discharges WTAMU, its agents and employees, from any and all liability for loss, injury, or damages to any person or persons for personal injuries or death, or loss or damage to property sustained by reason of the occupancy and of the facilities hereof. User covenants and agrees to pay for any and all damages to the facility, its property or equipment, by or through negligence and/or acts of the user, its agents, employees or any person participating in or attending an event in the facility. User further agrees to furnish liability insurance when requested by WTAMU.

Parking permits are required to park on University property. Please check with parking services to make the necessary arrangements for your guests. Security is also required at events held on University property. Security will be provided by the University Police Department and the costs are the responsibility of the event holder.

Requested by: _____ _____ _____

(Signature) (Print name) (Date)

Office Use Only

Date Form Received: _____ Date Rental Fee Received: _____

Date University Request Sent: _____ Approved: _____ Not Approved: _____

Event Confirmed with Client: _____ Placed on Calendar: _____

Sent to Directors and Above: _____

Sent to IT, UPD, ARAMARK, Central Supply: _____