



14. Requested Facilities <input type="checkbox"/> Atrium I _____ <input type="checkbox"/> Atrium II _____ <input type="checkbox"/> Theater _____ <input type="checkbox"/> Classroom(s) _____ *Technology Enhanced _____ <input type="checkbox"/> Forest Room _____ <input type="checkbox"/> Art Gallery _____ <input type="checkbox"/> Outdoor Fields _____ <input type="checkbox"/> Tennis Courts _____ <input type="checkbox"/> Other _____	Cost	16. Overtime Personnel					
		Charge Category	Name	Date Worked	Begin Time	End Time	Cost
15. Requested Equipment <input type="checkbox"/> Tables: (Qty) _____ Rectangle: <input type="checkbox"/> 6' <input type="checkbox"/> 5' Round: <input type="checkbox"/> Atrium <input type="checkbox"/> 6' <input type="checkbox"/> Chairs: (Qty) _____ <input type="checkbox"/> Piano _____ <input type="checkbox"/> Risers _____ <input type="checkbox"/> Art Panels _____ <input type="checkbox"/> Ropes and Stands _____ <input type="checkbox"/> Platforms _____ <input type="checkbox"/> Outdoor Signs _____ <input type="checkbox"/> Electrical _____ <input type="checkbox"/> Elevator _____ <input type="checkbox"/> **Podium _____ <input type="checkbox"/> **Lighting _____ <input type="checkbox"/> **Sound _____ <input type="checkbox"/> **Screen Projector _____ <b>Subtotal</b>		17. Comments/ Instructions:					
		18. Special Accommodation Statement:					
		<b>Internal Users:</b> Any individual who requires a special accommodation to take advantage of or participate in this program should contact the UHCL ADA Coordinator at 281-283-2626 at least one week prior to the program date to arrange for the accommodation. I certify that this information will be included on all publicity announcements for the event scheduled.					
		Signature: _____					
		<b>External Users:</b> Your organization is required to provide and fund reasonable accommodations to enable disabled persons to take advantage of or participate in this program, if such accommodations are requested. Your organization is also responsible to publicize the availability of reasonable accommodation in all publicity announcements for your event. For assistance in arranging reasonable accommodations or composing acceptable publicity, you may contact the UHCL ADA Coordinator at 281-283-2626 as early as possible, but no later than 2 weeks prior to the program date. I certify that the information about the availability of reasonable accommodations for persons with disability will be included in all publicity announcements for the event scheduled.					
		Signature: _____					

\*PLEASE NOTE: The University Computing Help Desk (281-283-2828) must be notified **at least** two weeks in advance for software installation requests and user support when using the teaching labs or a technology enhanced classroom.

\*\*PLEASE NOTE: All AV equipment must be reserved through the Scheduling Office.

19. On behalf of (name of group) \_\_\_\_\_ I certify that I have read the Policy for the Use of University Facilities and that we agree to abide by it fully. We hereby accept responsibility of any damages to UHCL facilities and/or equipment and to other UHCL properties, and absolve the university of responsibility for any injury to any individual or for the loss or injury to property of any individual incurred in relation to the events listed above. In addition to the foregoing, we hereby accept responsibility for payment of the fees indicated and understand that we may be billed for additional fees as a result of unforeseen circumstances related to the named event.

20. Requestor signature \_\_\_\_\_ Phone \_\_\_\_\_ Box \_\_\_\_\_ Date \_\_\_\_\_

21. Dean signature \_\_\_\_\_ Phone \_\_\_\_\_ Box \_\_\_\_\_ Date \_\_\_\_\_

22. Student Life signature \_\_\_\_\_ Date \_\_\_\_\_

23. Scheduling and Space Planning signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*PLEASE NOTE: All requests are guaranteed to be entered into the computer within 5 working days of receipt.

**Please return this form to:**  
Scheduling and Space Planning Office  
University of Houston – Clear Lake  
2700 Bay Area Boulevard, Box 350  
Houston, TX 77058-1098  
281-283-2200 (Phone)  
281-283-2257 (Fax)

Total Charges: _____
Amount /Deposit Tendered: _____
Amount Due: _____
Paid Date: _____
Received Date: _____
Check/Money Order #: _____