



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
Operating Policy and Procedure

TTUHSC El Paso Facility Use Form

Date of Event: _____ Start Time: _____ End Time: _____

Name of Event: _____

Event Sponsored by: _____

Name of Contact Person: _____ Phone Number: _____

What day and time do you want the set up? _____

Meeting Location (Building): _____

Name of Room/Area: _____ Room Number: _____

() Indoors () Outdoors () Both Will canopies/tents be placed on site? () Yes () No

Are parking arrangements required? () Yes () No

Vehicle Types: () Cars () Trucks () RV-type Vehicles () Buses () Other: _____
(Additional parking may require assistance from UMC. If needed, please advise.)

Number of Expected Attendees: _____ ADA accommodations required for attendees? () Yes () No

Possible number of attendees requiring special accommodations? _____

Number of Tables: _____ Location of Tables: _____ Vendors: () Yes () No

Will alcohol be served? () Yes () No

Will food be delivered? () Yes () No

Will this event be catered? () Yes () No

Grill Request? () Yes () No

Name of Catering Company: _____

Will mobile food vendors (trucks or trailers) be cooking food? () Yes () No

Will heating be required for food? () Yes () No

If "YES", what type of heating? () Electrical () External Heat () Other: _____

Will audio/visual be used? () Yes () No

If "Yes", what type(s)? _____

Use of TTUHSC Premises and Amplification Equipment (HSCEP OP 61.07) Met? () Yes () No

Notes:

Five horizontal lines for writing notes.

Please Note: A work order to clean the reserved room needs to be submitted to Special Events Department for each room reservation.