



**HUSTON-TILLOTSON UNIVERSITY CAMPUS ACTIVITY/EVENT
REQUEST FORM
(FOR EVENTS WITH CATERING AND SET UP)**

Campus Location: _____ Other: _____
 Event Sponsor: _____ Number of attendees _____ (Do not leave blank)
 Contact Person(s): _____ Email: _____
 Phone (Mobile): _____ Office: _____ Home: _____
 Name of Event/Activity: _____
 Description/Purpose of Activity/Event: _____
 Date of Activity/Event: _____ Event Set Up Time: _____ Event Start Time: _____

Signatures:
 Director of Campus Safety: _____ Date: _____
 Coordinator of Campus Life: _____ Campus Advisor _____
 Requestor's Signature: _____ Date: _____
 Athletic Director (Gymnasium/Athletic Field Use Only) _____ Date: _____

Food Service: (Catering by Ala Carte Menu Services, Inc.)
 Catering needed: _____ (If yes, please call 512.505.3150 to make catering arrangements.)
 Linen: _____ (If yes, number needed _____ (Linen is provided at an extra charge through catering only))
 Catering Description _____

Technology Services: (Sound technician is required for King-Seabrook Chapel. Charges apply.)
 Computer: _____
 House Projector: _____ (Requires access to the remote control provided by the University)
 Laptop: Event sponsor is responsible for providing their own laptop. MAC users are responsible for adapters.

Media Services: (Services for HT personnel only and secured through HT)
 (If yes, please continue) Number of Microphones: _____
 Other equipment needed: _____ A/V Scheduled: _____
 Additional Item: Piano: _____ (King-Seabrook Chapel Only)

Auditoriums Only

Computer: _____
 House Projector: _____
 Podium with Microphone: _____
 Auditoriums can only accommodate one additional microphone from the podium. If yes, technician required from the ID Department. Call 512.505.3168.

Facilities: (Set ups will only occur when a diagram is submitted with this request)
 Tables and number needed: Round/10 ft. _____ Round/8 ft. _____ 6 ft. _____ 8 ft. _____
 Chairs: If yes, number needed: Padded _____ Unpadded _____
 Housekeeping: _____ (Required for some events at additional charge)
 Catering Tables: Buffet (Four – 8 ft. tables) Reception (Two – 8 ft. tables) Other _____

Additional Services or Equipment Required: _____
Description of Special Needs: _____

This is a request to reserve available resources and is not a binding agreement. Please submit your deposit with this request in order to secure your reservation. Make checks payable to Huston-Tillotson University or pay online at www.htu.edu. To review procedures and download forms, view Facility Reservations at www.htu.edu. To check availability of a date or facility, contact Community Outreach at events@htu.edu or 512.505.3006. Final decisions will be made in writing. 2018-1



**HUSTON-TILLOTSON UNIVERSITY ACTIVITY/EVENT
COMMUNITY OUTREACH FORM
(FOR ON- AND OFF-CAMPUS ACTIVITIES/EVENTS)**

This form to be completed at the conclusion of each activity/event.

Date of Activity/Event: _____

Name of Activity/Event: _____

Location of Activity/Event: _____

Contact Person(s): _____ Email: _____

Phone (Office): _____ Cell: _____

HT Class/Organization/Entity _____

HT Faculty/Staff/Contact Person(s): _____

Email: _____

Phone (Office): _____ Cell: _____

Activity/Event Type: ___ Internship ___ Volunteer Assignment ___ Community Service ___ Other _____

Number Participants: ___ HT Students ___ HT Faculty ___ HT Staff/Administration ___ Community

Reoccurring Event: ___ Yes ___ No Outreach Total Hours: _____

Student Learning Outcomes:

Return form to:

Huston-Tillotson University | Center for Civic Engagement and Community Outreach | Attn: Linda Y. Jackson
Sandra Joy Anderson Community Health and Wellness Center | Office 106 | 900 Chicon Street | Austin, TX 78702

lyjackson@htu.edu | 512.505.3006 p | 512.505.3190 f