

Texas Southern University - Office of Event Services
Request for Internal Use of Facilities

Directions:

- **Form must be submitted to the Office of Event Services no later than 2 weeks/14 days prior to the proposed event date.**
- **All internal requesters (TSU academic, administrative departments or currently registered campus organizations) must complete this form in its entirety or it will be returned which may delay processing or result in rescheduling the event.**
- **Internal requester is responsible for all applicable personnel and equipment expenses incurred beyond the normal scope of work and/or beyond normal administrative business hours.**
- **All payments must be made in full 4 business days prior to event to avoid cancellation.**
- **Acceptable forms of payment: TSU issued purchase order, Inter-Departmental Order, money order or cashier's check.**
- **DO NOT ADVERTISE THE PROPOSED EVENT, until an email confirmation has been received from this office.**
- **Please thoroughly review the confirmation email as high demand may mean that the requested space is unavailable.**
- **Upon receipt of the confirmation email, please reply with the final graphic for your event to be shared on @tsuspecialevents.**
- **To avoid personnel / event charges, all cancellations / rescheduling must be done no less than 72 hours prior to event.**
- **The University reserves the right to cancel any scheduled event/activity. Notification will be provided to the responsible party.**

Requester

Name of Organization/Department: _____ Phone Number: _____

Contact Person: _____ Email: _____

Student Organization Advisor: _____ Advisor Email: _____

Event / Facility / Space Requested

Event Name: _____ Requested Venue: _____ Room: _____ Est. Attendance: _____

Event Date: _____ Multiple Dates: _____

Event Start Time: _____ Event End Time: _____ Set-Up Time: _____

Event Description:

Event Type (check one):

In-person **Hybrid/
Video Conferencing**

***72-hour walk-through/soundcheck
REQUIRED prior to the event in which all
audio & visuals MUST be submitted prior
to walk-through/soundcheck***

Equipment Request (check all that apply)

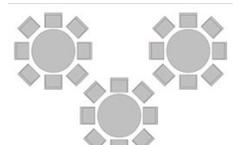
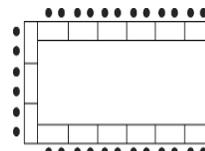
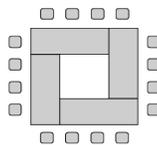
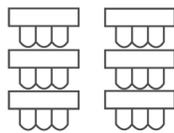
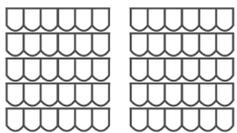
Screen: LCD Projector: Audio Cable PA System: Microphone: Podium: Stage:

Event Setup (Indicate Number & Configuration)

72" Round Table: _____ 60" Round Table: _____ Cocktail Tables: _____ 8' Table: _____ 6' Table: _____ Chairs: _____

Event Information (check all that apply)

DJ Food Parking



Signature of Responsible Party

Date

Signature of Faculty/ Staff / On Campus Advisor

Date

Print Name

Title

Number

Print Name

Title

EXT

YOUR SIGNATURES INDICATE THAT YOU OR YOUR DESIGNEES WILL BE PRESENT AT THE SCHEDULED ACTIVITY/EVENT

for office use only: REC'D _____ BOOKED: _____ CONF# _____ TMA# _____ OCO INITIAL/DATE _____

FACILITY RESERVATION FORM UPDATED 12/01/2021