



FACILITY RESERVATION AGREEMENT
CITY OF WEST UNIVERSITY PLACE
PARKS AND RECREATION DEPARTMENT

www.westutx.gov

APPLICANT INFORMATION

RESIDENT NONRESIDENT

NAME/ORGANIZATION:

ADDRESS:

HOME #: MOBILE #: BUSINESS #:

SPONSOR INFORMATION (IF APPLICABLE)

RESIDENT SPONSOR

NAME:

ADDRESS:

HOME #: MOBILE #: BUSINESS #:

ROOM(S)/FACILITY REQUEST (Indicate with a check mark)

Table with 2 columns: Community Building 6104 Auden St. and Scout House 6108 Edloe St. Includes sub-rows for Auditorium, Senior, Activity, Meeting, Kitchen, and Scout House.

ACTIVITY INFORMATION

DATE(S): TYPE OF ACTIVITY:

START TIME: AM/PM END TIME: AM/PM (Must include set-up and clean-up)

ESTIMATED ATTENDANCE: # OF TABLES: # OF CHAIRS:

I agree to indemnify and save harmless the City of West University Place and its employees, elected and appointed officials, and agents from any and all liability from claims of bodily injury, property damage, or any other nature whatsoever arising out of the use of City of West University Place properties herein specified.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AGREEMENT AND THE RESERVATION AND FACILITY USE POLICIES PRIOR TO SIGNING BELOW.

RENTER: DATE:

RESIDENT SPONSOR (If Applicable): DATE:

STAFF: _____

DATE: