

Bernard G. Johnson Coliseum- Sam Houston State University 801 Bowers Boulevard, Suite 235, Huntsville, Texas 77341-2387 (Phone) 936-294-1741 (Fax) 936-294-4833 (Email) <u>shsujohnsoncoliseum@shsu.edu</u> (Web) <u>http://www.shsu.edu/dept/recreational-sports/coliseum/</u> Revised January 28, 2019 PM Facility Reservation Form (Page 2)

Room Arrangement:

- Chairs
- □ Tables (The Coliseum has a maximum of 22 tables)

□ House Sound System

- □ 16 x 24 Stage
- □ 44 x 24 Stage
- Diagram Attached (if not at the time of submitting this form, then it must accompany the Event Info Form)

Statement:

- All event *reservations* must be made no less than 60 days of the event.
- All event *cancellations* must be done no less than 60 days of the event to receive partial, if any, refund.
- All advertisements for the event must be approved by Sam Houston State University prior to the event. This includes but is not limited to social media, posters, flyers, brochures, Etc...
- The facility manager may determine a need exists for security services. University Police and the facility manger, will discuss and determine the number of officers needed to host the event.
- As of 11/01/2012, Purchaser or Lessee is required to fax or email the ticket counts (sold and comps) every Friday. The week
 of the show Johnson Coliseum requests ticket counts every day. Ticket counts for concert engagements must come from the
 Lessee or 3rd party box office via certified statement only. If we do not receive these counts every Friday, we will consider
 that there is a problem and the show may be cancelled immediately by [Venue or Lessor] and the Lessee will forfeit any
 monies and/or deposits held in the Johnson Coliseum account.

As the authorized representative, I understand and agree to the following statements: "The information I have provided is true and accurate. If changes occur or are required after this request is submitted, I will notify the SHSU Johnson Coliseum in writing. I acknowledge my responsibility for all charges associated with this event. I further agree that it is my responsibility to be familiar with the applicable SHSU policies as they relate to the event described on this request."

Misrepresentation of information given above may result in disciplinary action.

	Signature: (Required)
Student Organizations Only:	
Name of Organization	Student Organization Advisor (Please Print)
Student Organization Advisor (Signature) (Date)	Student Organization Advisor (Email)
University Police Department:	
UPD (Signature) (Date)	
**************************************	Administration Use Only************************************
Date reservation received	Event Approved Denied
University Safety Officer: (If needed)	Date:
Final Conformation: Facility Manager:	
Signature:	Date:
	936-294-4833 (Email) <u>shsujohnsoncoliseum@shsu.edu</u>

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