On occasion residents have requested the use of the community pool & common area ("Common Area") to hold special events. These events may include birthday parties, barbeques or seasonal events. University Gables residents may reserve these areas for special events provided that the CSU Fullerton ASC is in receipt of the attached reservation form which includes specific information about the proposed event. This is necessary in order to mitigate risk to the community. Residents who desire to use the Common Area for a special event shall comply with the following procedures:

- Residents shall request a reservation by completing, signing and then submitting the attached form to the CSU Fullerton ASC (14) fourteen days prior to the day of the event.
- Reservations are made on a first come first served basis.
- Special events will be held between the hours of 10am and 8pm only and for a maximum of 5 hours. There will be only one special event per weekend allowed.
- The ASC will review and evaluate submitted reservation forms to ensure that the special event is appropriate for the community.
- The ASC will respond to a submitted request within 48 hours.
- Residents will direct their special event guests to park in the provided visitor parking spaces.
- Residents sponsoring the special event will be responsible for the clean-up of any and all debris and waste that may result from the special event and any costs associated with restoring the Common Area back to its original condition.
- Residents approved for a special event will be responsible for any and all liability arising out of or related to the special event.
CSU FULLERTON ASC
REQUEST FOR UNIVERSITY GABLES
COMMON AREA RESERVATION

“COMMON AREA RESERVATION FORM”

Return the below completed form to:

US Mail:
CSU Fullerton Auxiliary Services Corporation
1121 N. State College Blvd.
Fullerton, Ca 92831
Fax to: 657.278.1499
Emailing: (PDF signed enclosure) ckissel@fullerton.edu

Today’s Date: ________________
Nature of Event: __________________________ (“Event”)
Event Date: ________________ Day of the Week __________________
Event Time: (From: __________) (To: __________) Estimated Attendance: ______
Resident Name: __________________________
Address: ________________________________
Home Phone Number: ________________ Cell: ________________

Will there be entertainment or activities provided by an outside vendor: (Yes__) (No____)

If yes, provide:

Type of Entertainment/Activity/Equipment: ________________________________
Company Name: ________________________________
Address: ________________________________
Phone Number: ________________________________

Vendor Liability Insurance Certificate Information:
Name of Insurance Company ________________________________
Policy Number: ________________________________
Policy Dates: ________________________________
Indemnification and Hold Harmless:

In consideration of being permitted to use the Common Area for the event referenced herein, I hereby agree to INDEMNIFY AND HOLD HARMLESS, the State of California, the Trustees of the California State University, California State University Fullerton, CSU Fullerton Auxiliary Services Corporation and their respective officers, employees, representatives and volunteers from and against all claims, damages, losses and expenses including attorney fees, arising out of or in any manner related to, the event or use of the Common Area.

Acknowledgement:

I have read and will comply with all policies and procedures associated with having a special events in the Common Area. I have read and am familiar with the pool rules. I will assume all liability arising out of my special event in the Common Area at the date and times mentioned above. If I hire an outside vendor for my special event, I will provide the CSU Fullerton ASC with a certificate of insurance as evidence of the vendor’s insurance coverage. I will ensure that at conclusion of the event that the Common Area will be clean and free of debris and in the same condition as it was prior to the event.

________________________________________  __________________________
Signature of requesting resident           Date

________________________________________
Print name of requesting resident

Do Not Write Below This Line - For use by ASC

___ Approved as completed - Resident sent copy of approved request

___ Request not complete - Returned to Resident for completion

___ Approved pending vendor’s certificate of insurance

___ Other ___________________________________________________________