

A.D. Bruce Religion Center

Policy Waiver Request Form

Name of Group: _____
Group Representative: _____
Phone Number: _____ Email: _____
Date[s] of Event[s]: _____ Reservation ID #: _____
Time [s] of Event[s]: _____

REASON FOR REQUEST:

☐ **Payment and/or Charges** Please specify below or on an attachment. Include payment schedule if requesting a payment plan. If requesting waiving of fees, please specify why the fees should be waived for your event.

☐ **Schedule Adjustment for Early Opening / Late Closing or Alternate Times for Special Event Scheduling**
Please specify below why your event should be scheduled as requested.

☐ **Pipe Organist** Please specify below why your personal organist should play the University Chapel pipe organ. Provide a vita or resume of your organist. Please note that, if approved, the AD Bruce pipe organist becomes a consultant.

Client Signature: _____
Date: _____

Send additional comments or attachments to adbrc@uh.edu if additional space is needed.

Office Use Only

_____ **Approved**

_____ **Approved with noted adjustments**

_____ **Not Approved**

André J. Adams
Director, A.D. Bruce Religion Center

Date