University Health
FOUNDATION

LIVE BETTER

Event Registration Form

Please submit to https://wkf.ms/444Pj5T or scan the code at the bottom of this form.

We cannot guarantee marketing support or approval on forms submitted after August 14, 2026.

Event Point of Contact (POC): _____

POC Phone: _____ POC Email: _____

Backup POC: _____ Backup POC Phone: _____

Department: _____

Event Date _____ Event Time: _____AM/PM

UH Location: ☐ University Hospital ☐ RBG ☐ TDI ☐ BC1 ☐ BC2

☐ BC3 ☐ Pavilion ☐ Other: _____

Event Location (ex: Tejas Room): _____

Event Name: _____

Short Event Description: _____

Will food be prepared at your event? ☐ Yes ☐ No

*Food preparation is required to meet Environment of Care safety standards. More information will be provided if this applies to your event.

Item to be sold (if any): _____

Is your event open to University Health team members outside of your department? : ☐ Yes ☐ No

Is your event open to University Health visitors (non-staff)? : ☐ Yes ☐ No

What cause will your event benefit?

☐ 100% Proceeds to University Health Foundation General Fund

☐ 100% Proceeds to United Way of San Antonio and Bexar County General Fund

☐ 50/50 Split between University Health Foundation General Fund and United Way of San Antonio and Bexar County Fund

☐ Designate to a University Health Foundation Fund. Fund ID: _____

*For Fund ID information, please see fund description form or email LiveBetter@uhtx.com

Department VP Signature: _____Date: _____

Questions? Email LiveBetter@uhtx.com or call the Foundation Office at: 210-358-9860.
Please forward any event photos to LiveBetter@uhtx.com.