

RENTAL APPLICATION

PLEASE COMPLETE AND RETURN A COMPLETED FACILITY RENTAL APPLICATION BY EMAIL, MAIL, OR IN PERSON. ONCE YOUR REQUEST IS RECEIVED, STAFF WILL REVIEW THE FORM TO DETERMINE DATE AVAILABILITY AND IF THE CENTER CAN ACCOMMODATE THE EVENT. **PLEASE NOTE: THIS APPLICATION SERVES AS A REQUEST FOR RENTAL SPACE ONLY. INFORMATION PROVIDED DOES NOT SECURE A RENTAL FOR ANY SPACE.**

CONTACT INFORMATION (OF FUTURE CONTRACT HOLDER)									
FIRST NAME: LAST		T NAME:	NAME: TITLE: _						
ORGANIZATIO	N NAME:	Phon	PHONE NUMBER:						
ADDRESS:									
CITY:		STATE:		ZIP:					
E-MAIL:		WEBSITE:							
EVENT INFOR	MATION AND SCHEDULING								
EVENT NAME:									
EVENT TYPE:	PERFORMANCE (THEATER,MUSIC,E	DANCE): REHEARSAL	.: BANQUET/RECEPTI	ION: FESTIVAL:					
	MEETING/TRAINING/WORKSHOP:	OTHER:							
EVENT SPACE (SELECT ALL THAT APPLY):									
BALLROOM:	FOYER:	CONFERENCE ROOM: SMALL MEETING ROOMS:		IG ROOMS:					
KITCHEN:	DRESSING ROOM:	OUTDOOR SPACE LAWN: HOW MANY? (UP TO 5 ROOMS AVAILABLE)							
DATES AND TI	ME:		SINGLE DAY EVENT:	MULTI-DAY EVENT:					
EVENT DATE:	ARRIVAL TIME:	EVENT START:	EVENT END:	CLEANUP END:					
EVENT DATE:	ARRIVAL TIME:	EVENT START:	EVENT END:	CLEANUP END:					
EVENT DATE:	ARRIVAL TIME:	EVENT START:	EVENT END:	CLEANUP END:					
EVENT DESCRIPTION: (BRIEFLY DESCRIBE THE EVENT PURPOSE AND ACTIVITIES)									

EVENT DETAILS

IS THE EVENT OPEN TO THE PUBLIC?	YES: NO:	ADMISSION TYPE: F	REE: ENT	RY FEE:	
EVENT IS CONSIDERED OPEN TO THE PUBLIC IF IT IS MAR GENERAL PUBLIC AND ANYONE CAN ATTEND FOR FREE		e AUDIENCE:	ADULT:	YOUTH:	ALL AGES:
EXPECTED EVENT ATTENDANCE:		WILL THERE BE OUT	OF TOWN VISIT	ORS? YES:	NO:
VISUAL/PERFORMING ARTISTS? Yes:	NO:	NUMBER OF EVENT	TEAM: (PERFOR	MERS.	
PLEASE CHECK ALL THAT APPLY:		VOLUNTEERS, CREW, ETC.)			
SERVING FOOD/SELLING FOOD:	SERVING ALCOHOL	.:	TENTS/CANOPI	ES:	
MOONWALK/ROCKWALL:	AMPLIFIED OUTDO	OR SOUND:	CATERER:		



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A REQUEST TO SELL OR SERVE ALCOHOL TO THE PUBLIC AT THE FACILITY WILL REQUIRE AN AUSTIN CENTER FOR EVENTS CITYWIDE EVENT APPLICATION, GENERAL AND LIQUOR LIABILITY INSURANCE, A LICENSED PEACE OFFICER, AUSTIN PUBLIC HEALTH PERMIT FOR THE BAR, AND THE CONDITION THAT THE RENTER UNDERSTANDS AND ACCEPTS THE PARD POLICIES. EVENTS THAT SELL ALCOHOL ALSO REQUIRE A TABC PERMIT AND STATE OF TEXAS SALES/TAX ID. ALL TABC LAWS MUST BE FOLLOWED WHILE ON SITE AND NO PERSON UNDER THE AGE OF 21 CAN BE SERVED ALCOHOL UNDER ANY CIRCUMSTANCE. BYOB EVENTS ARE PROHIBITED. VIEW THE PARD ALCOHOL SERVICE OR SALES PERMITTING PROCESS STEPS.

AUDIO/VISUAL EQUIPMENT AND TECHNICAL REQUIREMENTS

VIEW THE EQUIPMENT LIST FOR ALL AVAILABLE FACILITY EQUIPMENT

NOT ALL EQUIPMENT IS AVAILABLE FOR EACH AREA REQUESTED AND INVENTORY MAY BE REDUCED FOR MULTIPLE EVENTS. SOME RESTRICTIONS APPLY FOR USE.

RENTALS AND PARTNERS SHOULD PROVIDE THEIR OWN TECHNICIANS TO SET AND OPERATE THEIR EVENT. RENTERS MUST PROVIDE ANY REQUIRED INSURANCE.

DESCRIBE THE AV/LIGHTING/TECHNICAL REQUIREMENTS OR REQUESTS:

LIGHTING TECH NAME:	LIGHTING TEC	LIGHTING TECH EMAIL:		LIGHTING TECH PHONE:			
AUDIO TECH NAME:	AUDIO TECH E	AUDIO TECH EMAIL:		AUDIO TECH PHONE:			
SUBMISSION							
WOULD YOU LIKE A PRE-RENTAL TOUR OF THE FACILITY? YES: NO: WOULD YOU LIKE A TECHNICAL WALK-THROUGH OF THE FACILITY? YES: NO:							
EMAIL (PR	EFERRED)	OR DROP	P OFF/MAIL				
AARCRENTALS@/	USTINTEXAS.GOV	8401 CAMER	ON ROAD AU	JSTIN, TEX	(AS 78754		
SIGNATURE:		C	DATE:				
THANK YOU FOR YOUR INTEREST IN F OR CONCERNS PLEASE CONTACT						-	
NOTES (FOR OFFICE USE ONLY)							
APPLICATION PROCESSED BY:	DATE:	TWO-WEEK HO	LD PLACED ON	N OUTLOO	K:	DATE:	
FEE ASSESSMENT E-MAILED TO:	DATE:	CALENDAR CON	NTRACT E-MAI	LED TO REI	NTER:	DATE:	
RENTER SIGNED CONTRACT:		DEPOSIT PAID:					
ADDITIONAL COMMENTS:							