## **Dougherty Arts Center Theater**

### RESERVATION APPLICATION PACKET

Dougherty Arts Center Theater 1110 Barton Springs Rd Austin, TX 78704 (512) 974-4045

DACTheater@austintexas.gov

This application serves as a request for theater space.

It does not confirm a theater reservation.

Austin Parks & Recreation Department





City of Austin

DAC/GWC Issue Date: 10/28/04 Revised: 03/1/2016

## **Dougherty Arts Center Theater Application**

APPLICANT:		
Title of Production:		
Name of Artist(s) / Arts Organization:		
Contact Person:		
Mailing Address:		
City:	State:	Zip:
Day Phone:	Evening Phone:	
Email:	Web Address:	
Alternate Contact Person:		
Mobile Phone:	Email:	
Give a brief description of the production:		

# Please note: ONLY ONE PRODUCTION PER APPLICATION. IF YOU WOULD LIKE TO APPLY FOR ANOTHER TIME SLOT, USE ANOTHER APPLICATION. Target Audience

Adult

Youth

Families - all ages

What ages is your production appropriate for?

ls this a bi-lingual production?	Yes	No					
Cast and Crew Number of adult performers:							
Number of youth (under 18) perform	ers:						
Number of staff/crew:							
Scenery, Special Lighting and Effects, Sound Reinforcement							
Will the event require scenery?		Yes	No				
If yes, please give a brief description of the scenery:							
Will the event require special lighting	g?	Yes	No				
If yes, please give a brief description of the special lighting:							
Will the event require special effects	3?	Yes	No				
If yes, please give a brief description of the special effects:							
Will the event require special sound	equipment?	Yes	No				
If yes, brief description of the special sound equipment:							

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#### **Alcohol and Concessions**

A request to sell or serve alcohol to the general public at a City Event or Rental Event will require approval from the Parks and Recreation Department (PARD) Director. The RENTER must provide proof of insurance and must submit the required form stating the **Renter** understands and accepts PARD procedural processes and policies. A RENTER is required to purchase insurance when alcohol is to be consumed or sold at their Event, and the insurance must meet City approval. The City reserves the right to increase coverage depending on the type of event or past history of use.

Will your organization be selling or distributing alcohol?	Yes	No			
If yes, brief description of the alcohol consumption plan:					
A request to operate a concession stand must receive approva Operate a concession stand. The operation of this stand would Austin policies and procedures.			nd City of		
Will your organization be operating a concession stand?	Yes	No			
If yes, please give a brief description of the concession stand of	peration:				
Renters are allowed one table in the gallery to operate as a vending table during the event. <b>Vendors are Prohibited from selling merchandise in the community rooms.</b>					
Will your organization be operating vendor's table?	Yes	No			
If yes, please give a brief description of the vending operation:					

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### Proposed Use Dates and Times: FIRST CHOICE Move-in: Dates: - Time: From am/pm To: am/pm # of hours Rehearsals: Dates: - Time: From am/pm To: am/pm # of hours Dates: \_\_\_\_\_ - \_\_\_ Time: From \_\_\_\_\_am/pm To: \_\_\_\_am/pm # of hours Dates: \_\_\_\_\_ - \_\_\_ Time: From \_\_\_\_\_am/pm To: \_\_\_\_am/pm # of hours Performances: List all time needed prior to the performance and after the performance: Dates:\_\_\_\_\_ - \_\_\_\_ Time: From \_\_\_\_\_am/pm To: \_\_\_\_am/pm # of hours\_\_\_\_\_, Performance am/pm Dates:\_\_\_\_\_ - \_\_\_\_ Time: From \_\_\_\_\_am/pm To: \_\_\_\_am/pm # of hours\_\_\_\_\_, Performance \_\_\_\_am/pm Move-out: Dates: \_\_\_\_\_ - \_\_\_\_ Time: From \_\_\_\_\_am/pm To: \_\_\_\_am/pm # of hours\_\_\_\_\_ Proposed Use Dates and Times: SECOND CHOICE Move-in: Dates: \_\_\_\_\_ - \_\_\_ Time: From \_\_\_\_\_am/pm To: \_\_\_\_am/pm # of hours\_\_\_\_ Rehearsals: Dates: \_\_\_\_\_ - \_\_\_\_ Time: From \_\_\_\_\_am/pm To: \_\_\_\_am/pm # of hours\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_ Time: From \_\_\_\_\_am/pm To: \_\_\_\_am/pm # of hours Dates: - Time: From am/pm To: am/pm # of hours **Performances:** List all time needed prior to the performance and after the performance: Dates:\_\_\_\_\_ - \_\_\_\_ Time: From \_\_\_\_\_am/pm To: \_\_\_\_am/pm # of hours\_\_\_\_\_, Performance \_\_\_\_am/pm Dates:\_\_\_\_\_ - \_\_\_\_ Time: From \_\_\_\_\_am/pm To: \_\_\_\_am/pm # of hours\_\_\_\_\_, Performance \_\_\_\_am/pm Move-out:

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Dates: \_\_\_\_\_ - \_\_\_\_ Time: From \_\_\_\_\_am/pm To: \_\_\_\_am/pm # of hours\_\_\_\_\_

## **Proposed Use Dates and Times: THIRD CHOICE** Move-in: Dates: \_\_\_\_\_ - \_\_\_\_ Time: From \_\_\_\_\_am/pm To: \_\_\_\_am/pm # of hours\_\_\_\_\_ Rehearsals: Dates: \_\_\_\_\_ - \_\_\_ Time: From \_\_\_\_\_am/pm To: \_\_\_\_am/pm # of hours Dates: \_\_\_\_\_ - \_\_\_\_ Time: From \_\_\_\_\_am/pm To: \_\_\_\_am/pm # of hours\_\_\_\_\_ Dates: \_\_\_\_ - \_\_\_ Time: From \_\_\_\_ am/pm To: \_\_\_\_ am/pm # of hours\_\_\_\_ Performances: List all time needed prior to the performance and after the performance: Dates: - Time: From am/pm To: am/pm # of hours , Performance am/pm Dates:\_\_\_\_\_ - \_\_\_\_ Time: From \_\_\_\_\_am/pm To: \_\_\_\_am/pm # of hours\_\_\_\_\_, Performance \_\_\_\_am/pm Move-out: Dates: \_\_\_\_\_ - \_\_\_\_ Time: From \_\_\_\_\_am/pm To: \_\_\_\_am/pm # of hours\_\_\_\_\_ **SIGNATURE** By my signature below I acknowledge that this is only a request for a facility reservation and that that a reservation cannot be confirmed until both parties have agreed to and signed a reservation agreement and a \$100 security deposit has been paid. APPLICANT SIGNATURE:

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DATE:

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