FIRST NAME:		LAST NAME:			
ORGANIZATION	I NAME:	PHONE NUMBER:			
ADDRESS:					
CITY:			STATE:	ZIP:	
E-MAIL:		WEBS	SITE:		
EVENT INFORM	ATION AND SCHEDULING				
EVENT NAME:					
EVENT TYPE:					
PERFORMANCE (THEATER, MUSIC, DANCE):		C REHEARSAL C MEETING/1		AINING/WORKSHOP:	
BANQUET/RECEPTION:		O FESTIVAL:			
EVENT SPACE (SI	ELECT ALL THAT APPLY):				
DRUM:	◯ THEATER:	CARVER PLAZA:	O FREEDOM PLAZA:	◯ KITCHEN:	
DATES AND TIM	1E(S):		SINGLE DAY EVEN	T: O MULTI-DAY EVENT:	
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:	◯ FREE	○ ENTRY FEE
EVENT IS CONSIDERED OPEN TO THE PUBLIC IF IT IS MA PROMOTEDTO THEGENERAL PUBLIC AND ANYONE CA FREE OR WITH A TICKET		AUDIEN	CE TYPE:	ADULT	YOUTH	ALL AGES
EXPECTED EVENT ATTENDANCE:		WILL THERE BE OUT	T OF TOWN	VISITORS	? O YES	○ NO
VISUAL/PERFORMING ARTISTS?	⊖ YES	◯ NO				
NUMBER OF EVENT TEAM: (PERFORMERS, V	OLUNTEERS,	CREW, ETC.)				
PLEASE CHECK ALL THAT APPLY:						
SERVING FOOD/SELLING FOOD:		G ALCOHOL	Омо	ONWALK	K/ROCKWALL:	
AMPLIFIEDOUTDOORSOUND	◯ TENTS/C	ANOPIES:		ERER:		

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 PARDPOLICIES. 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 TECH EMAIL:
LIGHTING TECH PHONE:	AUDIO TECH NAME:
AUDIO TECH EMAIL:	AUDIO TECH PHONE:

AUSTIN AUSTIN	RENTAL APPLICATION
WOULD YOU LIKE A PRE-RENTAL TOUR OF TH WOULD YOU LIKE A TECHNICAL WALK-THROUGH EMAIL (PREFERRED)	
SIGNATURE:	DATE:
THANK YOU FOR YOUR INTEREST IN FACILITY RENTALS AT THE GE QUESTIONS OR CONCERNS PLEASE CONTA	
NOTES (FOR OFFICE USE ONLY)	
APPLICATION PROCESSED BY:	DATE:
TWO WEEK HOLD PLACED ON OUTLOOK: DATE:	FEE ASSESSMENT E-MAILED TO: DATE:
CONTRACT E-MAILED TO RENTER DATE:	RENTER SIGNED CONTRACT DATE:
DEPOSIT PAID DATE:	
ADDITIONAL COMMENTS:	