



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 NAME: _____ TITLE: _____

ORGANIZATION NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ WEBSITE: _____

EVENT INFORMATION AND SCHEDULING

EVENT NAME: _____

EVENT TYPE: _____

PERFORMANCE (THEATER, MUSIC, DANCE): REHEARSAL MEETING/TRAINING/WORKSHOP:

BANQUET/RECEPTION: FESTIVAL: OTHER

EVENT SPACE (SELECT ALL THAT APPLY):

DRUM: THEATER: CARVER PLAZA: FREEDOM PLAZA: KITCHEN:

DATES AND TIME(S): SINGLE DAY EVENT: MULTI-DAY EVENT:

EVENT DATE: ARRIVAL TIME EVENT START EVENT END CLEANUP END

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EVENT DESCRIPTION: (BRIEFLY DESCRIBE THE EVENT PURPOSE AND ACTIVITIES)



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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 MARKETED OR PROMOTED TO THE GENERAL PUBLIC AND ANYONE CAN ATTEND FOR FREE OR WITH A TICKET AUDIENCE TYPE: ADULT YOUTH ALL AGES

EXPECTED EVENT ATTENDANCE: _____ WILL THERE BE OUT OF TOWN VISITORS? YES NO

VISUAL/PERFORMING ARTISTS? YES NO

NUMBER OF EVENT TEAM:(PERFORMERS, VOLUNTEERS, CREW, ETC.) _____

PLEASE CHECK ALL THAT APPLY:

- SERVING FOOD/SELLING FOOD: SERVING ALCOHOL MOONWALK/ROCKWALL:
- AMPLIFIED OUTDOOR SOUND TENTS/CANOPIES: CATERER:

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 TECH EMAIL: _____

LIGHTING TECH PHONE: _____ AUDIO TECH NAME: _____

AUDIO TECH EMAIL: _____ AUDIO TECH PHONE: _____



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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 (PREFERRED) OR DROP OFF/MAIL

CarverMuseumTheaterCalendar@austintexas.gov 1165 ANGELINA STREET | AUSTIN, TEXAS 78702

SIGNATURE: _____ DATE: _____

THANK YOU FOR YOUR INTEREST IN FACILITY RENTALS AT THE GEORGE WASHINGTON CARVER MUSEUM FOR ANY ADDITIONAL QUESTIONS OR CONCERNS PLEASE CONTACT THE CENTER VIA E-MAIL AT CICELEY.FULLYLOVE@AUSTINTEXAS.GOV OR BY PHONE AT 512.974.3670.

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: