



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: _____ BANQUET/RECEPTION: _____ FESTIVAL: _____
 MEETING/TRAINING/WORKSHOP: _____ OTHER: _____

EVENT SPACE (SELECT ALL THAT APPLY):

AUDITORIUM: _____ DANCE STUDIO: _____ ZOCALO: _____
 BLACK BOX: _____ RAUL SALINAS: _____ NORTH LAWN: _____

DATES AND TIME: _____ 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: 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: 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: _____ TENTS/CANOPIES: _____
 MOONWALK/ROCKWALL: _____ AMPLIFIED OUTDOOR SOUND: _____ 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:

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

LORIE.MARTINEZ@AUSTINTEXAS.GOV 600 RIVER STREET | AUSTIN, TEXAS 78701

SIGNATURE: _____

DATE: _____

THANK YOU FOR YOUR INTEREST IN FACILITY RENTALS AT THE EMMA S. BARRIENTOS MEXICAN AMERICAN CULTURAL CENTER FOR ANY ADDITIONAL QUESTIONS OR CONCERNS PLEASE CONTACT THE CENTER VIA E-MAIL AT LORIE.MARTINEZ@AUSTINTEXAS.GOV OR BY PHONE AT 512.974.3773.

NOTES (FOR OFFICE USE ONLY)

APPLICATION PROCESSED BY: DATE: TWO-WEEK HOLD PLACED ON OUTLOOK: DATE:

FEE ASSESSMENT E-MAILED TO: DATE: CALENDAR CONTRACT E-MAILED TO RENTER: DATE:

RENTER SIGNED CONTRACT: DEPOSIT PAID:

ADDITIONAL COMMENTS: