



Special Event Rental Request

Today's Date: _____

Staff Use Only:

Date Received: _____

Initials: _____

For questions concerning Rental Requests, please contact the Special Event Department.
Fax to 512-457-5197 or e-mail to sterlingevents@thelongcenter.org.

Please make sure to fill in all information

Title of Event: _____

Name of Organization: _____

Contact Person: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Office/Day Phone: _____ **Cell:** _____ **Email:** _____

Best Time to Call: _____

Organization Website Address: _____

Alternate Contact: _____

Office/Day Phone: _____ **Cell:** _____ **Email:** _____

Organization is: **Non-Profit** (Please Attach 501(c) (3) Letter) **Annual Operation Budget** _____

For-Profit

Event type (please check all that apply)

- Concert/Performance
- Film
- Meeting/Seminar
- Fundraiser
- Other _____
- Wedding
- Reception
- Social
- Tasting

Requested Venue (please check all that apply)

- Michael and Susan Dell Foundation Hall
- Debra and Kevin Rollins Studio Theater
- City Terrace
- West Lawn
- Lobby Areas
- West Donor Lounge
- Kodosky Donor Lounge
- AT&T Education Rooms
- Greenroom
- Other _____

Expected Attendance: _____

Requested Dates: _____

Alternative Dates: _____

Event Time: _____ to _____

Please provide a detailed breakdown of your rental hours below. Copy this page as many times as needed to span the duration of your rental period.

Day # _____
 Day of the week _____ Date ___/___/_____
 Load-In _____
 Guest Arrival _____
 Event (beginning to end) _____
 Food Service _____
 Bar Service (beginning to end) _____
 Strike/Load-out _____
Total #of hours for Day 1 _____

Day # _____
 Day of the week _____ Date ___/___/_____
 Load-In _____
 Guest Arrival _____
 Event (beginning to end) _____
 Food Service _____
 Bar Service (beginning to end) _____
 Strike/Load-out _____
Total #of hours for Day ___ _____

Day # _____
 Day of the week _____ Date ___/___/_____
 Load-In _____
 Guest Arrival _____
 Event (beginning to end) _____
 Food Service _____
 Bar Service (beginning to end) _____
 Strike/Load-out _____
Total #of hours for Day ___ _____

Day # _____
 Day of the week _____ Date ___/___/_____
 Load-In _____
 Guest Arrival _____
 Event (beginning to end) _____
 Food Service _____
 Bar Service (beginning to end) _____
 Strike/Load-out _____
Total #of hours for Day ___ _____

Please Provide a BRIEF DESCRIPTION of your event. (Attach separate sheet if necessary.):

Rental Request Continued

Will your event need valet parking?

Y N

Food Needs: Hors d'oeuvres Buffet Plated Passed Tasting

Please describe your food needs: _____

Beverage Needs: Non-alcoholic Beer/Wine Alcohol Coffee Cash Bar

Please describe your Beverage needs: _____

If you know the desired setup for your event, please describe. (Attach separate sheet if necessary.):

Technical Rental Items: Handheld Microphone Wireless Microphone Lavalier Microphone
 Sound System Lectern Riser

Please describe your Technical needs: _____

Please tell us anything else we may need to know about your event:

Thank you for your interest in renting the Long Center for the Performing Arts.

Site Address: 701 West Riverside Drive, Austin, Texas 78704
Mailing: P.O. Box 301449, Austin, Texas 78703

Phone: 512.457.5100

Fax: 512.457.5110

Website: www.thelongcenter.org