

Event Application

Name of Event:								
Organization Nam	ne:							
Contact:			Title:					
Contract Signer:				Title:				
Address:			City:		State:	Zip:		
Phone:		Fa	X:					
Email:			Website:					
Event Date(s) Rec	quested:			Estimated A	ttendance:			
Event Start Time:		Event End Tir	vent End Time: Door T					
Move-in Date	(s) and Time(s):							
Move-out Date	e(s) and Time(s):							
Venue Requested:	College Park Center (CPC) - Arena		CPC - Hospitality Suite		CPC - Moritz Plaza			
	CPC - Parkside Concou	CPC - Nancy Best Te	Nancy Best Terrace		Practice Courts			
	Texas Hall - Performing	g Arts Center	Other					
Type of Event:	Sporting Event	Concert	Seminar/Meeting	Banquet				
	Consumer Show	Other						
Description of the	Event:							
Is the Event:	Private Group/By Invitation	on Camp	ous Only Open to	the Public				
Please Provide C	ontact Info for Each of tl	ne Following (If	Applicable):					
Main Event (Contact							
Name:		Phone:		Email:				
Marketing Name:		Phone:		Email:				
Ticketing/Sale Name:	es	Phone:		Email:				
Production Name:		Phone:		Email:				



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Please describe the room setup needed:						
Please describe any production services needed:						
Will the event be ticketed?	Yes No Are	you charging an admission	or registration fee for you	r event? Yes No		
If so, what is the fee (or fee i	range)?					
Will your event have exhibit	tion booths? Yes	No If so, how many?				
Will your organization or ex	hibitors sell merchandise?	Yes No				
If so, please describe items to be sold and approximate prices:						
Will you require any food an	nd beverage service (other	than concessions)?	Yes No			
If so, please describe:						
Do you plan on selling alcoh	nol at your event? Ye	s No				
Have you ever held an event	t at College Park Center or	Texas Hall? Yes	No If so, please provid	le the following information:		
Event Name	Date	Facility Used	Contact Name	Phone		
Please list other facilities you	ou have utilized for this even	ent, dates and references wi	ith contact information. (R	dequired)		
Facility	Date	Contact Name	Phone			
Please attach a fact sheet abo	out this event and pertinen	t information about previou	is events listed above (rev	iews conv of program etc.)		
This event application must be executed, applicant agrees no	be completed before a for	mal rental agreement may b	be issued. Until a Facility	Use Agreement is fully		
(Signature) (Title)			(Date)			
For Special Even	nt Facilities Staff Use:					
Date Received:	Assign	ned to:				
Date Estimate of Fees Cro	Date Estimate of Fees Created: Date Estimate of Fees Accepted:					
Date Event File Created a	and Entered in Venue Ons					

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.