

Event Application

University Departments/Organizations

Name of Event:

Department/Organization Name:

Contact:

Title:

Person Authorizing Expenses:

Title:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Website:

Event Date(s) Requested:

Estimated Attendance:

Event Start Time:

Event End Time:

Door Time:

Move-in Date(s) and Time(s):

Move-out Date(s) and Time(s):

Venue Requested:

College Park Center (CPC) - Arena

CPC - Hospitality Suite

CPC - Moritz Plaza

CPC - Parkside Concourse

CPC - Practice Courts

Texas Hall - Performing 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

Campus Only

Open to the Public

Please Provide Contact Info for Each of the Following (If Applicable):

Main Event Contact

Name:

Phone:

Email:

Marketing

Name:

Phone:

Email:

Ticketing/Sales

Name:

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 your event? Yes No

If so, what is the fee (or fee range)?

Will your event have exhibition booths? Yes No If so, how many?

Will your organization or exhibitors sell merchandise? Yes No

If so, please describe items to be sold and approximate prices:

Will you require any food and beverage service (other than concessions)? Yes No

If so, please describe:

Do you plan on selling alcohol at your event? Yes No

<p>For Campus Departments Requesting Space (REQUIRED)</p> <p>Cost Center for Charges:</p> <p>Departmental Name on Account:</p> <p>Account Code (if applicable):</p>
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Please attach a fact sheet about this event and any pertinent information (tentative program, production schedule, etc.).

This event application does not guarantee availability of the requested venue. Applicant agrees not to publicize or otherwise represent that these facilities are available for the proposed event until an event confirmation is received from Special Event Facilities.

(Signature)

(Title)

(Date)

For Special Event Facilities Staff Use:	
Date Received:	Assigned to:
Date Estimate of Fees Created:	Date Estimate of Fees Accepted:
Date Event File Created and Entered in Venue Ops:	

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.

Please email the completed form to paula.mcelheney@uta.edu.