

The University of Texas at Arlington

College Park Center

Box 19900 • Arlington, TX 76019 • (817) 272-5584/Fax (817) 272-9436

Event Application

Name of Event: _____
Organization Name: _____
Contact: _____ Title: _____
Contract Signer: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ Fax: (____) _____ - _____
Email: _____
Website: _____

Event Date(s) Requested: _____

Space Requested: Arena – Full Arena – Half Hospitality Suite Practice Court(s)
 Parkside Concourse Moritz Plaza Other _____

Move-in Dates: _____ Move-out Dates: _____

Event Times: Move-in _____ Event _____ Move-out _____

Estimated Attendance: _____

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

If the event is public:
Marketing Contact Person: _____
Phone: _____
Email: _____

Please describe the room setup needed: _____

Please describe and audio/visual services needed: _____

Have you ever held an event at the College Park Center or UTA? Yes No

If so, please name the event and event dates: _____

Other Facility References and Dates Utilized: *(please include contact and phone number)*

1. _____

2. _____

➤ Do you plan to charge an admission or registration fee for your event? Yes No
If so, what is the fee (or fee range)? _____

➤ Will your event have exhibit booths? Yes No How many? _____

➤ Will your organizations or exhibitors sell merchandise? Yes No
Please describe items to be sold and approximate prices: _____

➤ Will your event require any Food and Beverage service *(other than concessions)*? Yes No
If yes, please describe: _____

➤ Do you plan on serving alcohol at your event? Yes No

Please attach a fact sheet about this event and pertinent information about the previous events listed above (reviews, copy of program, etc.).

This Event Application must be completed before a formal rental agreement may be issued. Until a Facility Use Agreement is fully executed, applicant agrees not to publicize or otherwise represent that these facilities are available for the proposed event.

(Signature)

(Title)

(Date)

CPC Staff Use:

Date Received: _____

Assigned to: _____

Date Estimate of Fees created: _____

Date EOF Accepted: _____

FUA Number: _____ Date FUA Prepared: _____

Date Event File Created and entered into EBMS: _____