

The University of Texas at Arlington

College Park Center

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

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: _____

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 open to the public:
Marketing Contact Person: _____
Phone: _____
Email: _____

Please describe the room setup needed: _____

Please describe and audio/visual services needed: _____

- 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

For Campus Departments Requesting Space (REQUIRED):

Cost Center for Charges: _____

Departmental Name on Account: _____

Account Code (if applicable): _____

Please attach a fact sheet about this event and pertinent information (tentative program, production schedule, etc.).

This Event Application does not guaranty availability of the College Park Center. Applicant agrees not to publicize or otherwise represent that these facilities are available for the proposed event until an Event Confirmation is received from CPC staff.

(Signature)

(Title)

(Date)

CPC Staff Use:

Date Received: _____

Assigned to: _____

Date Estimate of Fees created: _____

Date EOF Accepted: _____

Date Event File Created and entered into EBMS: _____