



CARVER COMMUNITY CULTURAL CENTER
FY 2019-2020
FACILITY RENTAL APPLICATION – Little Carver

Contact Information

Event Date(s): _____

Contact Person: _____

Legal Name of Organization: _____

(Check is payable to legal name listed on contract & will be mailed to address below. No changes can be made once contract is signed.)

Address: _____

City, State, Zip: _____

Office: _____ Cell: _____ Fax: _____

E-mail: _____

Applicant is: For-Profit Non-profit *(if Non-Profit, proof of 501©3 status must be submitted. Documents can be obtained from I.R.S. or State Comptroller's Office)*

Event Information:

Would you like this event listed on the Carver website (Event Calendar)? Yes No

Event is: Public Private

Title of Event: _____

Will your event require use of dressing rooms? Yes No

Will you require use of dressing rooms? Yes No How many days? _____ *(include rehearsals & events)*

Type of event: _____

(play, concert, dance, lecture, fashion show, graduation, meeting, etc.)

Brief Description of Event (Add information you want posted on website; provide details): _____

Confer with Booking Coordinator for event configurations.

CONFIGURATIONS:

Theatre Style seating, main floor (max. 150)); Mezzanine (25)

Cabaret Style, main floor (max. 80); Mezzanine (25)

Meal Seating, main floor (max. 100)

Fees for tables shall apply

Estimated Attendance: _____

(Please list the requested time frames for each individual (event) date including rehearsals, load-in, tech, load-out, performances, etc. "Building Opens" refers to the time the first person associated with the event will arrive on premises. "Building closes" refers to the time all persons, scenery, equipment, etc. will vacate and premises can be secured. Building open and event start time cannot coincide. Penalty fees shall apply for early arrivals or for surpassing building close time.

Date: _____ Load In/ Tech: _____ Building Opens/Closes: _____/_____

Date: _____ Rehearsal(s): _____ Building Opens /Closes: _____/_____

Date: _____ Performance(s): _____ Building Opens /Closes: _____/_____

Event Time/s: _____

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Box Office Information – All Seating is General Admission

Will tickets be sold, donations be requested or admission charged for this event? Yes No

If yes, what is your ticket price? _____

Box Office Contact Name: Liz Cardenas Phone: (210) 207-2234 Email: liz.cardenas@sanantonio.gov

The City has a contractual obligation to utilize Ticketmaster for the sale of tickets related to events at the Carver. If tickets are sold for the event, the Licensee shall use Ticketmaster. Licensee shall not sell tickets through another professional ticketing service, person or Internet provider.

Catering/Concessions Information

(Please speak with Booking Services Coordinator to discuss additional requirements for events with food & beverages.)

Will food or beverages be **served** during your event? Yes No

Will food or beverages be **sold** during your event? Yes No If yes, call (210) 207-8853 to obtain food permit.

Will alcohol be served during your event? Yes No If yes, must secure letter to Texas Alcoholic Beverage Commission (TABC). If yes, servers must be certified by TABC.

Will there be vendors during your event? Yes No If yes, must provide tax permit. *If permits are not presented at time of event, products cannot be sold.*

Catering/Concessions Co.: _____

Contact Person: _____

Phone: _____ E-mail: _____

Security Officers: Contact Person: _____ Phone # _____

Licensee must provide security officer(s) for general event security and traffic control. Security personnel must be certified peace officer(s) certified by the Texas Commission on Law Enforcement (TCOLE) and arrive 1 hour prior to event, remain at facility during event and depart 1 hour after event.

Technical Information

Please provide detailed information regarding the technical needs for the event. This information will be used to provide an estimate of production related expenses for the event. The Technical Director will determine the appropriate number of staff members and call times based on the technical requirements of the event. At least one Carver staff technician is required for any event where sound and/or lighting is required. Additional technical staffing is available through the local theatrical stagehand union at client expense.

Please indicate what equipment will be needed:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Drum Kit | <input type="checkbox"/> Podium (Free) | <input type="checkbox"/> Tables (add'l. needed) _____ | <input type="checkbox"/> Wireless Mics _____ |
| <input type="checkbox"/> LCD Projector | <input type="checkbox"/> Risers - Quantity _____ | <input type="checkbox"/> Upright Piano* | <input type="checkbox"/> Hand Held _____ |
| <input type="checkbox"/> Marley Floor | <input type="checkbox"/> Tables (3 free) | <input type="checkbox"/> Wired Mics** - Quantity _____ | <input type="checkbox"/> Headset _____ |
| | | | <input type="checkbox"/> Lavalier (lapel) _____ |

*Piano may need to be tuned at client's expense; speak to Technical Director for more information. **Microphones may be limited to house inventory. Depending on production, client may need to outsource additional microphones.

Please indicate the type and number of technicians needed.

Final staffing will be determined by Technical Director based on actual requirements of event. Contract shall be issued with a minimum of 1 Carver (house) technician, Audio **or** Lighting. Clients may be subject to contracting union assistance through the International Alliance of Theatrical Stage Employees. Client will pay union directly for services.

- Audio Technician ____ Lighting Technician ____ Stagehands ____

Please list any additional or special technical needs or equipment for your event: _____

By signing below, you acknowledge this application is **not a confirmation of reservation**. Once form has been returned, a license agreement will be drafted and issued based on information provided. Dates are not confirmed until the license agreement is signed, deposit and rental fees are received. Please refrain from advertising event until receiving confirmation from Carver staff.

Client Signature: _____ Date: _____

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