



APPLICATION FOR THEATRE RENTAL



Thank you for your interest in the Paramount Theatre & Stateside at the Paramount. Completing and submitting this rental inquiry form is the first step in the booking process. Upon approval of this application you will be contacted by a member of our booking staff. **Please note that submission of this form does not guarantee a reservation nor constitute an agreement to book the theatre(s).**

Please provide all required information and return form to: events@austintheatre.org

If you have questions, please contact: Stefanie Crock, Events Manager: 512-692-0525, scrock@austintheatre.org

ORGANIZATION NAME: _____

IS YOUR ORGANIZATION: COMMERCIAL NON-PROFIT TAX ID#: _____

CONTACT: _____ TITLE: _____

EMAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PERSON AUTHORIZED TO SIGN CONTRACT: _____

EVENT INFORMATION:

Requested Theatre: Paramount (1273 capacity) Stateside (305 capacity)

Artist / Title of Event: _____

Type of Event (concert, premiere, comedy, theatre, etc.): _____

Number of Participants/Performers: _____

Requested Date(s) of Event: _____

Alternate Date(s): _____

Load-In / Rehearsal Days Needed: _____

Total Number of Performances: _____

Expected Attendance per Event: _____

Will your event be ticketed: Yes No Ticket Pricing: _____

Open to the public: Yes No Reserved Seating General Admission (approved events only)

Event Marketing Budget & Plan: _____

Please provide a brief description of your event: _____

Please provide a brief description of the technical aspects of your event, including video recording, film or digital projection, audio, lighting, set pieces, etc.: _____

REFERENCES:

Please provide information for at least two venues which have been leased by your organization in the past two years.

Facility Name: _____

Address: _____ City: _____ State: _____

Contact Name/Title: _____

Phone: _____ Email: _____

Event Presented at this Facility: _____ Date: _____

Facility Name: _____

Address: _____ City: _____ State: _____

Contact Name/Title: _____

Phone: _____ Email: _____

Event Presented at this Facility: _____ Date: _____

Please provide information for at least two venues where you will be presenting this event before the date requested in our theatres.

Facility Name: _____

Address: _____ City: _____ State: _____

Contact Name/Title: _____

Phone: _____ Email: _____

Facility Name: _____

Address: _____ City: _____ State: _____

Contact Name/Title: _____

Phone: _____ Email: _____

The above information must be provided in full and verified before a Limited License Agreement (contract) can be initiated. It is understood that the Austin Theatre Alliance (Paramount & State Theatres) may or may not grant approval of the request set forth above. Approval of this application will allow the applicant to place a hold at the desired venue. Please note that certain booking blackouts do occur, and approval of this application is not a guarantee of the venue on the desired date.

Applicant hereby represents that they have made a full and complete disclosure of all information which might be pertinent to the consideration for this presenter application, and that all of the statements and information are true and correct.

Austin Theatre Alliance reserves the right to ask applicants for a financial reference if they deem it appropriate.

APPLICANT SIGNATURE _____ DATE _____