

APPLICATION FOR FACILITY USE

The information you provide in this application will be used to determine if space is available for use. All requests should be made no later than 10 days in advance of event date. Please allow 2 business days for a response.

PLEASE COMPLETE AND FOLLOW RETURN OPTIONS BELOW

Name of Organization or Individual:			
Mailing Address:			
City, State, Zip:			
Are you a 501 (c) 3:	YES NO Fea	deral ID #:	
Contact Name:			
Contact Phone #:	Co	ontact Email:	
Requested Dates: 1st	Choice	2 nd Choice	
Requested Time: (total time including set up	& clean up) Start time:	: End time:	
Purpose: (check applicable) Meeting/Lunc	heon Studio Reh	nearsal Special Event	Audition
Other (Please describe)			
Food Service: Y	ES NO		
Alcoholic Beverage Service: YES NO			
Requested Space: (check applicable) Studio Pre-function Lounge Community Room Board Room			
Attendance: Number of guests (for event): Number of Participants: (for rehearsal)			
APPLICATION RETURN OPTIONS:			
Mail: Dallas Black Dance Theatre Attn: Halice Furtado 2700 Flora Street Dallas, TX 75201	Email: <u>h.furtado@</u>	OR Fax: 214-871-284	12
Requested by:		Date:	-
NO OPEN FLAMES are permitted a (including votive candles). Battery o Convection Ovens and warming tray Aware of the power needed to run you	operated votives are permitted. vs are permitted. Please be	 A list of approved caterers is available. A On the approved list, must provide a copy Permit issued by the City of Dallas. It is necessary that you bring in the linens your event. We will provide tables and o Chairs). 	y of their current Food s, serving utensils, etc. for
	For Office U	Use Only	
Confirmed Date:	Space:	Time:	
Rate:	Payment. Method	od:	