Zilker Hillside Theater

2020 REQUEST FOR RESERVATION THIS FORM DOES NOT CONFIRM A RESERVATION

Mailing address:
The Dougherty Arts Center
1110 Barton Springs Road
Austin, Texas 78704
Phone: 512-974-4045
Fax: 512-974-4003

Name of organization:

Contact Person:

Telephone: Email:

Mailing address:

Alternate Contact Person:

Telephone: Email

Title of Event:

Brief description of event:







Requested Dates and Hours (Include all set up, rehearsal, performance and strike dates and times)

Date	From (am/pm)	To (am/pm)	
Date	From (am/pm)	To (am/pm)	
Date	From (am/pm)	To (am/pm)	
Date	From (am/pm)	To (am/pm)	
Date	From (am/pm)	To (am/pm)	
Date	From (am/pm)	To (am/pm)	
Date	From (am/pm)	To (am/pm)	
Date	From (am/pm)	To (am/pm)	
Date	From (am/pm)	To (am/pm)	

Rain Date:

	Number of adul	t performers	over 18 (vears of	age	١:
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Number of youth (under 18 years of age) performers: (ALL minors must be accompanied by an adult at all times.)

Number of staff/crew:

Estimated attendance (per performance):

Will donations be taken? YES NO







Will this event include	erecting tents	or other tempore	ary structures (stagir	ng, fencing, etc.)
Yes	No			
If yes, please list the n (Please note, if reque for review):				
Lighting/Sound/Scene All City equipment proorganization shall bed Austin equipment should be a shall be a shal	ovided to the rear the risks in using the paid in full	ng the equipmen by the organiza	nt provided. Dama	ge to any City of
Will event require sce	nery?	YES	NO	
If yes, please provide	a briet descript	ion of the set de	sign plan:	
Will event require spe Requestor must provid production and move	de all technical		NO red for handling the	event
If yes, please provide	a brief descript	ion of the specio	al lighting:	
Individuals or organize permit from the office date.		•		
Will event require am	plified sound?	YES	NO	

Temporary Structures:







If yes, please	provide a brief descrip	otion of the soun	d amplificatio	n:	
Vending/Cor Event organi permits displa	zer is responsible for en	suring that all ve	ndors on site h	nave the required	
Will there be	vendors during the eve	ent?	Yes	No	
If yes, please sold:	list the number of poss	ible vendors, an	d the general	scope of merchandi	se
	r organizations that offer Food Event Permit. THE DE THEATER .				in
Will your orgo	anization be offering co	oncessions?	YES	NO	
If yes, please	provide a brief descrip	otion:			
PARK CURFE	N HOURS -				
10:00 P.M. to designated of	that the Zilker Hillside 1 5:00 A.M.) . If your scheourfew time, permission ager for approval by the	eduled performo to do so must b	ince/event wi e requested ir	Ill run over into the n writing to the Zilker	ì
Will you be re	equesting approval to s	stay beyond esto	ablished park o	curfew hours?	
	YES	NO			







understand that this is only a request for a reservation, not a confirmation or reservation agreement.
RENTER: AUTHORIZED REPRESENTATIVE:
Signature:
Date:

THIS FORM SERVES AS A GENERAL REQUEST AND DOES NOT GUARANTEE A RESERVATION

By my signature below I represent that I have reviewed and understand this information. I

SIGNATURE:





