



A U S T I N C I T Y H A L L

CITY HALL SPACE – REQUEST FOR COUNCIL SPONSORSHIP

CONTACT INFORMATION

Company Name _____
Address _____
Primary Contact _____
Event Name _____
Phone _____ Cell _____
Email _____

RESERVATION REQUEST

Event day (M-F only) / date _____ Event time (Including setup and teardown) _____ Event time (Actual) _____
1st preference _____ Start/End _____ Start/End _____
2nd preference _____ Start/End _____ Start/End _____

[] Atrium (1st floor) [] Council Chamber (room 1001) [] Board and Commission (room 1101)
[] Other _____

Description of event _____

Number attending? _____ Parking Validation Needed? _____

For Atrium Reservations:

Food/Drink provided by a Caterer? _____ Will Alcohol be served? _____

How many 5' plastic tables for Food/Drink/Registration needed? _____ Tables/Chairs Delivered? _____

Can small tables/chairs in Atrium remain (yes/no)? _____ Other? _____

Applicant signature _____ Date _____

COUNCIL SPONSOR

[] Request approved* [] Request denied

Signature _____ Date _____

*Council Member approval does not indicate availability of space for requested date or time.