



Houston Public Library SPECIAL EVENTS REQUEST FORM

Please print and complete this form in its entirety. Failure to do so may delay the processing of your request.

Event Date(s) Requested: _____

Name of Event: _____

Applicant Name and/or Company Name: _____

- FOR PROFIT
 GOVERNMENTAL
 PERSONAL
 COMMUNITY/NON- PROFIT

Applicant Address: _____

Email Address: _____ Phone Number: _____

Alternate Contact: _____ Title: _____

Email Address: _____ Phone Number: _____

Event Description: _____

- WEDDING
 LUNCH / DINNER
 BUSINESS EVENT
 PERSONAL EVENT
 OTHER

Event Location: _____

- CLAYTON LIBRARY
 JULIA IDESON LIBRARY
 GREGORY SCHOOL LIBRARY

Estimated Attendance: _____ Event Time: _____

Will Any News Media Attend? YES NO If So, Please Specify: _____

Will Food or Alcohol be Served? YES NO If Yes, List Vendor(s): _____

Please List Any Additional Vendors: _____

As an authorized representative of the above applicant or organization, I hereby apply for an event rental.

SIGNATURE	TITLE	DATE
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FOR INTERNAL USE ONLY - Request received by: _____		Date: _____	
Deposit: _____	Rental Fee: _____	Balance Due/Date: _____	
Security Cost: _____	Maintenance Cost: _____	Amount Quoted: _____	
Time Setup Begins: _____		Time Breakdown Ends: _____	
<input type="checkbox"/> EVENT AFTER HOURS	<input type="checkbox"/> APPROVED CATERER	<input type="checkbox"/> INSURANCE RECEIVED	<input type="checkbox"/> DIRECTOR/DESIGNEE APPROVAL

