

# Preliminary Event Request for Consideration

**The BISD Jerry Fay Wilhelm Center for the Performing Arts**

**please FAX to 512-772-7915**

Organization Name \_\_\_\_\_  
Event Title \_\_\_\_\_  
Submitter Name \_\_\_\_\_  
Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_  
Est. # of Participants \_\_\_\_\_  
Est. # of Audience \_\_\_\_\_  
**Recording**  yes  no (if yes, please provide  
a blank disc at time of  
performance)

**Space Requested:**  Auditorium  Black Box  Green Room  Lobby  Concessions  Dressing Rooms

**Technical Requirements:**  Diva Shell  Advanced Lighting  Advanced Sound  Projection

## Preferred Event Dates

(The PAC staff will make the best effort to accommodate your requests- these ARE NOT FINAL)

### 1<sup>ST</sup> Choice

Rehearsal Dates \_\_\_\_\_  
Rehearsal Unlock \_\_\_\_\_  
Rehearsal Lock Down \_\_\_\_\_  
  
Performance Dates \_\_\_\_\_  
Unlock \_\_\_\_\_  
Performance Start Time \_\_\_\_\_  
End Time \_\_\_\_\_  
Lock Down \_\_\_\_\_

### 2<sup>ND</sup> Choice

Rehearsal Dates \_\_\_\_\_  
Rehearsal Unlock \_\_\_\_\_  
Rehearsal Lock Down \_\_\_\_\_  
  
Performance Dates \_\_\_\_\_  
Unlock \_\_\_\_\_  
Performance Start Time \_\_\_\_\_  
End Time \_\_\_\_\_  
Lock Down \_\_\_\_\_

### 3<sup>RD</sup> Choice

Rehearsal Dates \_\_\_\_\_  
Rehearsal Unlock \_\_\_\_\_  
Rehearsal Lock Down \_\_\_\_\_  
  
Performance Dates \_\_\_\_\_  
Unlock \_\_\_\_\_  
Performance Start Time \_\_\_\_\_  
End Time \_\_\_\_\_  
Lock Down \_\_\_\_\_

1. I have thoroughly read and agree to abide by, uphold and execute everything within the **Facility Usage Rules/Planning Guidelines**.  
**Contact/Submitter Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

2. I endorse these requested dates for this group. I have read the separate document: **Facility Usage Rule/Planning Guidelines**.  
**Campus Administrator Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**WE MUST HAVE THREE DATES FOR EVENT TO BE CONSIDERED!!!**