Facility Use Form - Jubilee Theater

This form is for use by Outside groups to reserve facilities.
Please see Facility Use Guidelines and Fees document for reservation deadlines, etc.

New Request Revised  Today’s Date: _________________________

Name of Person completing this form: ________________________________

Contact Person: ________________________________ Work #: ________________ Cell/Other #: ________________

Group: ________________________________ Event: ________________________________ # Expected: ________________

Day(s) and Date(s) of Event (i.e. Sat., 3/9/21):

Event Begins: _______ circle A.M. or P.M.  Event Ends: _______ circle A.M. or P.M.

Set-up Begins: _______ circle A.M. or P.M.  Clean-Up Ends: _______ circle A.M. or P.M.

Location(s):

- Jubilee Theater - 1319 N. 15th
- Climbing Wall - 1319 N. 15th (special permission slip required for each participant)
- World Cup Cafe - 1321 N. 15th (minimum orders required to open WCC)
- Fair Trade Market - 1408 Colcord

For reservations for other Mission Waco/World properties, please use Facility Use Form - Part I/II.

Audio/Video Needs:

Check all that apply below:

- Microphones - Number needed ______
- Boom Microphones - Number needed ______
- Lapel Microphones - Number needed ______
- Instruments needing amplification: ______________________
- Big Screen
- CD/DVD played
- Video taping/recording
- Special Lighting needs: ________________________________
- Other: _______________________________________________________________________________

If you are charging a FEE or TICKET PRICE for the event, please provide the price per person here: $__________

I have read and agree to follow all of the Facility Use guidelines and fee information (deposits, fees, cancellation deadlines, etc.) for Mission Waco and the designated facility.

Signature ________________________________ Date Submitted _________________________

Daytime Phone #: __________________ Evening or Cell Phone #: __________________

Address: ________________________________ City ________________ Zip ___________

FOR OFFICE USE

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<tr>
<th>Date</th>
<th>Deposit Balance</th>
<th>Date Received</th>
<th>Amount</th>
<th>Check #/Cash</th>
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Part 1 rec’d ______
Part 2 rec’d ______
Info update ______
Staff contacted ______

Please make a copy of completed form for your records.

Revised 4/21 KW