



McFarlin Memorial Auditorium
Southern Methodist University
P.O. Box 750152
Dallas, TX 75275-0152
Phone: 214-768-3139
Fax: 214-768-4763

Facility Use Application

Application must be returned no later than: _____

Facility Use Applicant: _____
(Name of Company, Corporation, Organization or Individual)

Address: _____
(Street) (City, State, Zip)

Email: _____

Phone: _____ Fax: _____

Are you a Non-Profit organization? Yes / No

If yes, you must provide a copy of your Certificate of Non-Profit Status (5013C).

If corporation, list state of incorporation, names, titles and addresses of principal executive officers:

(Name)	(Title)	(Address)	(City, State, Zip Code)
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(Name)	(Title)	(Address)	(City, State, Zip Code)
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Name and title of person who will sign contract:

(Name)	(Title)	(Address)	(City, State, Zip Code)	(Phone Number)
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PLEASE LIST AUDITORIUMS, ARENAS, AND/OR FACILITIES PREVIOUSLY LEASED BY THE APPLICANT:

(Facility)	(City and State)	(When?)	(Facility Contact)	(Phone Number)
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(Facility)	(City and State)	(When?)	(Facility Contact)	(Phone Number)
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(Facility)	(City and State)	(When?)	(Facility Contact)	(Phone Number)
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REFERENCES: LIST THREE BUSINESS REFERENCES AND A CONTACT PERSON FOR EACH

1. _____
(Company) (City and State) (Contact Person) (Phone Number)

2. _____
(Company) (City and State) (Contact Person) (Phone Number)

3. _____
(Company) (City and State) (Contact Person) (Phone Number)

BANK REFERENCE:

Bank: _____ Type of Account: _____ Acct #: _____

City and State: _____ Bank Officer: _____ Phone: _____

EVENT INFORMATION:

Full description and name of show or function for which the Auditorium is to be used, including load-in time, performance time(s), intermission time(s), length of performance, and load-out time. Attach additional sheet if necessary:

Requested event dates: _____

Please list auditoriums, arenas, and/or other facilities where the performer(s) participating in your event have previously appeared:

(Facility) (City and State) (When?) (Facility Contact) (Phone Number)

(Facility) (City and State) (When?) (Facility Contact) (Phone Number)

Agent or management for performer(s): _____
(Agency) (Contact) (Phone Number)

Will tickets be sold to the event: Yes / No Prices: _____

Where and how will tickets be sold: _____

General Admission or reserved seating (please circle one)

If no admission is charged, will the event be open to anyone desiring admittance? Yes / No

Is this a fundraiser? Yes/ No

Will a collection be taken? Yes / No

PLEASE SIGN THIS APPLICATION

All questions must be answered in full before consideration will be given to this application.

It is understood that this is only an application for the use of McFarlin Memorial Auditorium, and its acceptance is subject to approval by the Management of McFarlin and does not make or imply any obligation to the applicant. Applicant warrants that all statements are true and correct.

(Signature of lessee applicant or representative) (Title) (Date)

*First time clients are subject to full payment by cash, check, or money order to Stage Crews Unlimited five business days in advance of the event. Any adjustments will be billed accordingly. If clients do not pay in advance, the bill is subject to an 18% late fee and possible termination of the event.