

Facility Use Form - Jubilee Theater

CCE, Inc./dba Mission Waco
Mail: 1315 N. 15th St., Waco, TX 76707
Phone: 254-753-4900 **Fax:** 254-753-4909
email: office@missionwaco.org

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., 3/5/11): _____

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)

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

For reservations for other Mission Waco 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: _____

Please indicate one of these two:

- One audio set-up for whole event
- Multiple audio set-ups during event

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		Date Received	Amount	Check #/Cash
	Deposit	_____	_____	_____
Date	Balance	_____	_____	_____
Part 1 rec'd		_____	_____	_____
Part 2 rec'd		_____	_____	_____
Info update		_____	_____	_____
Staff contacted		_____	_____	_____
	Confirmed	Name	Amount	Date/Ck Reqstd
	Sp.Ev. Coord.	_____	_____	_____
	Custodian	_____	_____	_____
	Sound Tech	_____	_____	_____

Please make a copy of completed form for your records.