FACILITY REQUEST FORM- FY25

Kalita Humphreys Theater Campus 3636 Turtle Creek Blvd, Dallas, TX 75204

All applications are reviewed on a first-come, first-served basis

All organizations or individuals requesting dates for arts and cultural events at Kalita Humphreys Theater Campus must complete and submit this form to the Assistant General Manager at Dallas Theater Center. Please note that submission of this form DOES NOT GUARANTEE AVAILABILITY OF SPACE, NOR CONFIRM DATES and that calendar availability, rental rates, fees, deposits, and certificate of insurance will be required.

Due to the volume of requests for the use of the facility the availability of dates is limited and competitive. When requesting multiple event dates within the season, PLEASE SUBMIT A SEPARATE FORM FOR EACH INDIVIDUAL EVENT.

Name of Organization									
Organization Address (include city, state, and zip code)									
Organization Federal ID#									
Organization Website									
Does Organization Have:	Facebook	□ Y □ N	Instagran	n	□ Y □ N	Twitter	□ Y □ N	Other (Specify)	□ Y □ N
Primary Contact Name		Primary Contact 1			Contact Po	sition		•	
Primary Contact E-Mail Address			<u>'</u>						
Primary Contact Phone Number									
Secondary Contact Name	Secondary Contac				Contact 1	Position			
Secondary Contact E-Mail Address									
Secondary Contact Phone Number									
Does the organization have current 501(c)(3) nonprofit status? When your date is confirmed we will need a copy of your IRS 501(c)(3) letter. This is a requirement for receiving the reduced non-profit rental fee.				☐ Yes ☐ No					
Is the organization's mission primarily arts and cultural?						□ Yes □ No			
Is the organization based in the City of Dallas?					□ Yes □ No				
Please indicate your organization's annual operating revenues for the most recently completed fiscal year						☐ Under \$500,000 ☐ Between \$500,001-\$1 million ☐ Over \$1 million			
Does the organization plan to present its full season at the facility?						□ Yes □ No			
Does the organization own, lease or have committed access to a performing facility?					acility?	□ Yes	□ No		

Has the organization rented / used DTC-owned perform	ore? ☐ Yes ☐ No					
If yes, please list DTC-owned performing arts space(s)						
(DTC spaces include the HELDT Building, Bryant Hall, Meadows Conference Ro Place, Wynne Studio, and the Kalita Humphreys Theater.)		oom, Frank's				
▼ ▼ ▼ FOR D	▼ ▼ FOR DTC STAFF USE ONLY ▼ ▼					
Date Received: Priority Status: Yes No Request Approved: Yes No						
Primary Date(s) Available: Yes No Secondary Date(s) Available: Yes No						
Select Space(s) the organization is interested in renting	☐ Kalita Humphreys Theater ☐ Bryant Hall ☐ Frank's Place ☐ Meadows Conference Room ☐ Wynne Studio					
Primary Date(s) Requested (Month/Day/Year)						
Secondary Date(s) Requested						
Purpose of Rental/Description of Event (Please be specific)						
Total # of Rehearsals						
Total # of Performances						
Total # of Student Matinees						
TECHNIC	CAL REQUIRE	MENTS				
GENERAL INFORMATION						
Total Performers Stage Ma	nager Name					
Do you require the orchestra section for the musicians	?	□ Yes □ No				
Do you require a piano for your performance?		☐ Yes ☐ No				
Do you require video projection for your performance?						
Do you plan to record the event? (video or audio)	□Audio □Video					
Will busses be utilized to transport Performers to the c	ampus?	☐ Yes ☐ No				
Does the organization require DTC to remove any of its stage scenery or equipment?		☐ Yes ☐ No				
What type of scenery, set pieces or physical equipment is the group looking to bring into the space? Please Explain.						
Are there any other special needs for the stage that the group is requesting? Please Explain.						
Is the group bringing their own lighting equipment or expecting to use house inventory?						

What type of lighting is the organization seeking to accomplish? (E.g general stage washes, theatrical looks, specials, etc.)	
Does the organization's lighting needs require DTC to move or refocution any of its lighting equipment?	ıs □ Yes □ No
Does the organization need the use of Spotlights?	□ Yes □ No
Is the organization seeking to use any special effects like haze, fog or pyrotechnics?	□ Yes □ No
Is this organization bringing their own Audio and/or Video Equipmen or expecting to use house inventory?	t
In general, what type of sound needs does the organization have? (Speaking, performing, live music, etc.)	
In general, what type of video needs does the organization have? (Bas presentation, projection, multiple-screens, etc.)	sic
What type of amplification is the organization needing? (Handheld microphones, body mics, shotgun mics, etc.)	
Does the organization's audio or video needs require DTC to move or relocate any of its equipment?	□ Yes □ No
Does the organization require the usage of a Lead Audio Engineer (A for mixing purposes or an Audio Technician (A2) for microphones or backstage needs?	1)
Does the organization require the usage of a Video Production Engine (V1)?	eer Yes No
Will the organization be delivering all audio files (if any) in advance their rental day?	of Yes No
Does this group have any additional special audio/video needs or considerations?	
Does this group require the usage of dressing rooms or backstage changing areas?	□ Yes □ No
Please review the technical specifications for	the DTC available online (link).
FRONT OF HOUSE IN	FORMATION
GENERAL INFORMATION	OMMATION
Is the event open to the public or a private event?	□ Public □ Private
If private, how will attendance be tracked?	
If public, please list box office service provider:	
Projected on-sale date:	
Phone number for box office:	
Projected audience (attendance):	
Will seating for the event be:	☐ General Admission ☐ Reserved
Will the event have an intermission (15-minute minimum)?	☐ Yes ☐ No How Long?
CATERING NEEDS	

Will there be a reception during the event?	□ Yes □ No						
If yes, please provide details:							
Will a seated meal be served during the event?	☐ Yes ☐ No						
ADDITIONAL EVENT DETAILS							
Will there be a pre-show discussion prior to your event?	☐ Yes ☐ No						
Will there be a post-show Q&A following your event?	☐ Yes ☐ No						
Will there be a Meet & Greet during your event?	☐ Yes ☐ No						
If yes, please provide details:							
Will busses be utilized to transport Patrons to the campus?	\square Y \square N	How Many?					
Will you need any special set-up in the lobby area?							
AFTER APPROVAL OF REQUEST FORM IS RECEIVED, A MANDATORY MEETING WITH DTC STAFF MEMBERS WILL BE REQUIRED TO FINALIZE EVENT DETAILS. I understand that submission of this Facility Request Form does not guarantee the availability of space nor does it provide authorization or confirmation for the use of the facility. I understand that if space is available, an official use agreement outlining the terms of use will be sent to me; only after execution of							
the official use agreement will the use of the facility for this eve understand the Dallas Theater Center Booking & Reservation Pr	nt be authorized. I l						
Signature of authorized organization representative	Date		_				