



TEXAS CITY DEPARTMENT OF RECREATION & TOURISM
RESERVATION REQUEST - CONVENTION CENTER



2010 5th Avenue North • Texas City, Texas 77590 • 409-643-5990

Please print clearly. This form must be completed in full on the date the room is reserved. If not, the reservation is void.

Event Name: _____

- Yes, I want this event listed as written on the marquee in the Convention Center lobby
 Yes, I want this event listed as written on the marquee on 21st Street @ 9th Avenue

Date of Event: Day of Week _____ Month _____ Day _____ Year _____

Rental Time: (Includes set up and clean up): Start Time: _____ End Time: _____
 Actual Time of Event: Start Time: _____ End Time: _____

Event Type: Meeting Banquet Dance Party Quinceanera Sweet 16 Wedding
 Other (Please Specify): _____

Room Requested: Texas Heroes - 800 Stephen F. Austin Williams Goyens
 Caterers' Kitchen Sam Houston Lorenzo de Zavala
 Founders Room – 30 (Greeting/Reception/Photography Area)

Estimated Number of Guests: _____ (If over 100 guests, a security form must accompany this form)

Will ALCOHOL be present: Yes No (If yes, a security form must accompany this form)

Entry/Admission Fees charged: Yes No (If yes, permits and insurance requirements must be met)

Room Base Rate	\$
Deposit	\$
Overtime Fee	\$
Security Fee	\$
Linen Rental (\$2 each)	\$
Media Package (\$100)	\$
Stage (\$50)	\$
TOTAL AMOUNT	\$
TOTAL AMOUNT PAID	\$
REMAINING BALANCE	\$
Remaining Balance Due Date:	

Number of Chairs	
Number of 5' Round Tables	
Number of 8' Tables	
Number of 4' Tables	
Free Standing Podium	
Dance Floor	
Easel	
Flags	
Choir Risers	

By signing this form, I hereby affirm that all information is correct and complete. I will be present during this function and fully accountable for compliance with all center policies of which I have informed myself. I have received a copy of the policies of Recreation & Tourism and understand them fully and agree to comply. _____ (Initial) I will be financially responsible for any alteration, defacing or unreasonable clean up and damages resulting from this event. Furthermore, I agree to pay all fees due and present any required permit/license/police form(s) in advance or forfeit this reservation.

Signature _____ Date _____

Name (Please Print Clearly) _____ Connection to Event _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Fax Number _____ Alternative Phone _____

Office Use Only: Rsv#: _____ H/H#: _____ Fee Event OR No Fee Event Initials _____ Date _____