



City of Bryan Fountain City Amphitheater Facility Rental Permit

Please print or type clearly.

Applicant Information

Applicant Name: _____ Mobile Number: _____

Street Address: _____ City, State, Zip: _____

Email Address: _____

Organization Information

Organization: _____ Phone Number: _____

Street Address: _____ City, State, Zip: _____

Email Address: _____

Type of Organization, check all that apply: Nonprofit School Business Individual

Event Information

Event Name: _____ Event Date(s): _____

Expected Event Attendance: _____ Total Event Hours (including setup and tear down) _____

Please provide a detailed description of your event: _____

Is this a ticketed event? _____ Is the event open to the general public? _____

Will alcohol be served? (If yes, please fill out Alcohol Request Form) _____

Insurance Company: _____

Day of Event Contact: _____ Day of Event Contact Phone: _____

Special Requests/Equipment Required? _____

The applicant and the applicant's group, shall indemnify, defend and hold the City of Bryan, its elected and appointed officials, agents, employees and volunteers harmless from all liabilities, claims, judgments, demands and cost arising out of the applicant's, applicant's group or their invitees use of City of Bryan facilities and adherence to all rules included in the City of Bryan Fountain City Amphitheater Facility Rental Permit guidelines and the City of Bryan Fountain City Amphitheater Beverage Policy if applicable.

I have read and agree to abide by the regulations established in this request and in the City of Bryan Beverage Policy.

Applicant Signature: _____ Date: _____

Fees

Group 1	Group 2	Group 3	Group 4	Group 5
No Fee	No Fee	\$80 2-hour rental* \$40 per hour after first 2 hours* Max charge: \$160	\$150 2-hour rental \$75 per hour after first 2 hours * Max charge: \$300	<i>Please contact the Fountain City Amphitheater Coordinator for a custom quote.</i>

Group 1: City of Bryan Parks and Recreation Groups and Government Agencies

Group 2: Bryan City School affiliated groups

Group 3: Local Non-profit organizations

Group 4: Private social functions and out of city limit organizations

Group 5: Weddings

Rates will be reviewed by the City of Bryan Parks and Recreation Department on an annual basis

For Office Use Only:

Date received App: _____ Copy of Insurance Provided: _____ Alcohol Permit: _____ Deposit Returned: _____

Deposit: Received Date: _____ Cash: _____ Check #: _____

Notes: _____