

# HOBBY CENTER FOR THE PERFORMING ARTS SPECIAL EVENT INQUIRY

To better assist you, please complete the following information. Once the completed form is received at our office, we will contact you for further discussion. Thank you for your interest in the Hobby Center for the Performing Arts. (HCPA)

COMPANY/HOST(S) \_\_\_\_\_

EVENT NAME \_\_\_\_\_ EVENT DATE (S) \_\_\_\_\_

TIME: Start \_\_\_\_\_ End \_\_\_\_\_ ESTIMATED ATTENDANCE \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

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## EVENT TYPE (Please circle the type of event(s) you are considering)

|                        |                         |                            |              |
|------------------------|-------------------------|----------------------------|--------------|
| Pre-Show Reception     | Intermission Reception  | Post-Show Reception        | Luncheon     |
| Seated Dinner          | Buffet Dinner           | Cocktail Reception         | Meeting      |
| Corporate Presentation | Ceremony (Awards, etc.) | Wedding Ceremony/Reception | Other: _____ |

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## EVENT LOCATION (Please circle the location(s) you are interested in)

|              |                      |                    |                   |
|--------------|----------------------|--------------------|-------------------|
| Grand Lobby  | Gallery or Mezzanine | Sarofim Hall/Stage | Zilkha Hall/Stage |
| Zilkha Lobby | Founders Club        | Ticket Lobby       |                   |
| Other: _____ |                      |                    |                   |

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## VENDOR SERVICES (Circle the services you are interested in)

|                       |                   |               |          |                |
|-----------------------|-------------------|---------------|----------|----------------|
| Catering (Food/Staff) | Bar/Beverages     | Tables/Chairs | Linens   | Flowers/Décor  |
| AV Equipment          | Entertainment     | Valet/Parking | Security | Event Planning |
| Ushers/Greeters       | Photography/Video | Other: _____  |          |                |

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Would you like a pricing proposal sent to you? \_\_\_\_\_

Send proposal via: E-mail

Fax

Would you like to schedule a tour? \_\_\_\_\_

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How did you hear about HCPA? \_\_\_\_\_

Have you attended an event at HCPA before? \_\_\_\_\_

If so, which event (s)? \_\_\_\_\_

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ADDITIONAL EVENT NOTES/COMMENTS: \_\_\_\_\_

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## A few things to know when considering HCPA for your event:

- 1) HCPA is responsible for booking all spaces except for Diana American Grill (on-site restaurant). The facility is only booked and/or confirmed when an agreement and deposits are received.
- 2) Spectrum Catering is the preferred caterer for the venue and holds the TABC liquor license. An approved vendor is available.
- 3) A 20% Event Services Fee will apply to all third-party catering services
- 4) Valet, self-park garage, security, EMT and house staff are available and will be contract by HCPA

Please return this completed form to [SpecialEvents@TheHobbyCenter.org](mailto:SpecialEvents@TheHobbyCenter.org) or fax to 713-315-2532. For more information, please contact Kirk Goodman, Director of Booking and Events, at 713-315-2512/[Kirk@TheHobbyCenter.org](mailto:Kirk@TheHobbyCenter.org) or Brianne Richardson, Special Events Manager, at [Brianne@TheHobbyCenter.org](mailto:Brianne@TheHobbyCenter.org).