



STATE PRESERVATION BOARD

**REQUEST FOR
USE OF THE
CAPITOL EXTENSION
AUDITORIUM**

**CONTACT:
CAPITOL EVENTS COORDINATOR
(512) 463-3051
Fax (512) 463-3372**

Instructions: Please complete the entire application. If you have any questions, please contact the Capitol Events Coordinator at (512) 463-3051 or Capitol.Events@tspb.texas.gov. Food and drinks are not allowed in the Capitol Extension Auditorium. Setting up food and drink tables outside the Auditorium is prohibited.

1. Group Requesting Use: _____
2. Date Requested: _____
Set up time: _____ Start Time: _____ End Time: _____
3. State Official Sponsor (print name): _____
(Required for approval of all events and exhibits at the Texas State Capitol. Must be the Governor, the Lieutenant Governor, the Speaker, a State Senator, or a State Representative. Applications are considered incomplete without a sponsorship form completed and signed by a State Official Sponsor.)
4. Contact Name: _____
5. Address: _____
6. Telephone #: _____ Email: _____
Day-of-event contact name/# if someone other than yourself: _____
7. Purpose of Meeting: _____
8. Number of persons expected to attend: _____
9. Request use of SPB projector: _____

10. Cost of reserving the Auditorium: \$200 (4 hours or less) or \$400 (more than 4 hours)
Room usage fees apply to all events that are not official state business of the legislative office or a state agency.
11. Payment of Fees: Must be paid in full no later than 24 hours prior to the event. If fee is not received, the reservation will be cancelled. Fees may be paid by check made payable to the State Preservation Board. The SPB Event Coordinator will contact you with the fee total after review and approval of this application.
- (a) Is the sponsoring organization tax exempt? Yes No
- (b) Fed ID # _____(If exempt, you must include proof of tax exempt status with event application. Otherwise, you will be charged sales tax.)
12. ***Cancellations and Refunds: Refunds will only be issued if cancellations are received at least 24 hours prior to the event.***

I have read the State Preservation Board Policy for the Use of the Capitol Extension Auditorium and agree to comply with this policy. In addition, I understand that I am responsible for any damages to the building and equipment as a result of this meeting.

Event Holder Signature

Date