



## PORT ISABEL EVENT & CULTURAL CENTER

309 E. Railroad Avenue  
 Port Isabel, Texas 78578  
 956-943-0179  
 Office Hours: 8:00am – 5:00pm, Monday through Friday  
 Email: [info@portisabel-texas.com](mailto:info@portisabel-texas.com)

### BOOKING INFORMATION

#### USE / ACTIVITY INFORMATION

- |                                                           |                                                  |                                            |
|-----------------------------------------------------------|--------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> QUEEN ISABELLA<br>GRAND BALLROOM | <input type="checkbox"/> EL FRONTON BALLROOM     | <input type="checkbox"/> PATIO / COLONNADE |
|                                                           | <input type="checkbox"/> REYNA ISABELLA BALLROOM | <input type="checkbox"/> PARKING LOT       |
|                                                           | <input type="checkbox"/> BOARDROOM / MEDIA ROOM  |                                            |

NAME OF EVENT: \_\_\_\_\_

TYPE OF ACTIVITY: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_

TIME REQUESTED (Include setup, breakdown times): FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TOTAL HOURS REQUESTED: \_\_\_\_\_

NUMBER OF PEOPLE EXPECTED: \_\_\_\_\_

DESCRIPTION OF ACTIVITY: \_\_\_\_\_

DO YOU PLAN TO SERVE FOOD?      NO      YES      NAME OF CATERER: \_\_\_\_\_

WILL ALCOHOL BE SERVED?      NO      YES

#### USER INFORMATION

CLIENT / ORGANIZATION: \_\_\_\_\_

CONTACT PERSON / PERSON IN CHARGE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE      FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

#### USER SIGNATURE

I am a duly authorized agent of the CLIENT. I understand that it is my responsibility to read the PORT ISABEL EVENT & CULTURAL CENTER Policies and Procedures. As part consideration for the permission to use the above described EVENT CENTER: the CLIENT and I agree to comply with all PIECC Policies and Procedures as set by the CITY OF PORT ISABEL. Further, to the extent permitted by law, the CLIENT and I do hereby agree to release, indemnify and forever hold harmless the PORT ISABEL EVENT & CULTURAL CENTER, CITY OF PORT ISABEL its commissioners, directors, officers, employees, and representatives from all liability, claims, losses, damages, or expenses (including expense of litigation) resulting from any actual or alleged injury to or death of any person or from any actual or alleged loss or damage to any property caused by or in any respect resulting from the applicants admittance or activities at the facilities described above. The CLIENT and I do hereby agree to limit said activities to the specified and applicable PORT ISABEL EVNET & CULTURAL CENTER facilities and will return the premises in a neat, clean and undamaged condition and further agree to reimburse the PORT ISABEL EVENT & CULTURAL CENTER for any damage arising from the CLIENT'S use of said facilities. The CLIENT and I agree to abide by all lawful rules, codes, laws and regulations in connection with its use of the said premises. The applicant and I agree that during the use of the Ports facilities described above, we will not exclude anyone in the participation in, deny anyone the benefit of or otherwise subject anyone to discrimination because of the person's race, color, national origin, sex, religion, age or handicap. I have read and understand the foregoing. I have read and agree to comply with the rules listed on the reverse side of my copy of this application.

USER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### FOR OFFICE USE ONLY

ROOM RENTAL FEE(S):	\$	Location(s):	
SECURITY DEPOSIT:	\$	Date:	
DAMAGE DEPOSIT:	\$	Date:	
ADDITIONAL FEE(S):	\$		
INSURANCE:	NO      YES	SECURITY CONTRACT:	NO      YES
		COMMUNITY ANNOUNCEMENT:	No      YES
RECEIVED BY:		DATE:	