



## SUNDANCE SQUARE PAVILION SPECIAL EVENT APPLICATION

Return to: Sundance Square Marketing  
Email: [theplaza@sundancesquare.com](mailto:theplaza@sundancesquare.com)  
Phone: 817-255-5700  
Fax: 817-339-7139  
201 Main Street, Suite 700  
Fort Worth, Texas 76102-3134

**This application must be completed, signed and forwarded to Sundance Square Marketing at least sixty (60) days prior to the first day of the event.**

**EVENTS ARE NOT CONFIRMED UNTIL A 50% NON-REFUNDABLE DEPOSIT CHECK HAS BEEN RECEIVED BY SUNDANCE SQUARE MANAGEMENT.  
ANY AND ALL ADDITIONS OR EDITS TO THE ORIGINAL EVENT APPLICATION MUST BE APPROVED IN WRITING BY SUNDANCE SQUARE.**

### EVENT INFORMATION

Today's Date: \_\_\_/\_\_\_/\_\_\_

Event Name: \_\_\_\_\_

Desired Date of Event: \_\_\_/\_\_\_/\_\_\_

**Type of Event** (Please check all that apply)

- Rehearsal Dinner       Wedding Ceremony       Wedding Reception  
 Corporate Function (Not-for-Profit?  Yes    No)  
 Luncheon/Meeting       Birthday Celebration  
 Other

**Pavilion Facilities to be used (check all that apply)**

\_\_\_ Pavilion

\_\_\_ Pavilion Patio

\* Please note that all Pavilion facilities are non-smoking

**Expected Attendance at the Event:** \_\_\_\_\_

**(If your event is more than one day, please list number of guests per day.)**

**Event Schedule/ License Period:**

The License Period must include set-up time, event time, and tear down.

6 hr. Event

12 hr. Event

Event Start Date: \_\_\_\_\_

Event Set-Up Time: \_\_\_\_\_

Event Start Time: \_\_\_\_\_

Event End Date: \_\_\_\_\_

Event End Time: \_\_\_\_\_

Strike Complete by: \_\_\_\_\_

\*If event extends beyond the license agreement time indicated in fully executed license agreement, an overtime fee is applicable.

\*\*If event is a wedding, rehearsal time prior to event date can be arranged for a minimal fee if spacing is available.

**APPLICANT INFORMATION**

**Applicant's Name:** \_\_\_\_\_

Title: \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

Mailing Address and Zip Code: \_\_\_\_\_

\_\_\_\_\_

Day time Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**ARE YOU THE MAIN POINT OF CONTACT FOR THIS EVENT?**    Yes    No

**If no, please provide a point of contact for the day of event.**

**Day of Event Contact Person:** \_\_\_\_\_

Day time Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**ENTERTAINMENT**

\_\_\_ Live Entertainment

\_\_\_ DJ

\_\_\_ SSQ Pandora

\_\_\_ Applicant's iPod

**\*The Pavilion has built in speakers for amplified sound/music. Applicant's iPod/iPad/iPhone can be connected to this system or a Pandora station can be played.**

Please describe live entertainment including any power needs:

\_\_\_\_\_

# PLANNED EVENT COMPONENTS/AMENITIES\*

If any of the following amenities or components will be a part of the Event, please fill in the appropriate information. In so doing, sponsor may incur additional fees pursuant to Owner's Amenity Cost Schedule.

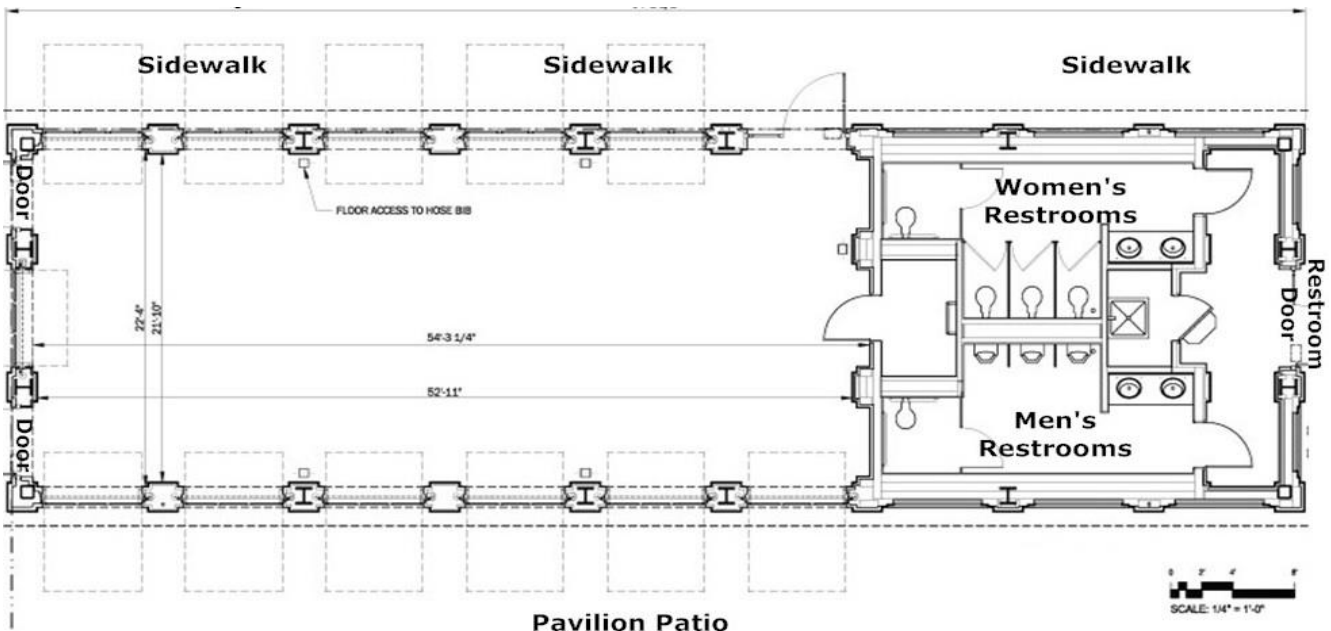
**All items listed must be detailed and included on Event Site Plan (image below.)**

**Check appropriate category below and fill in details or numbers, size and type.  
Leave blank if not applicable.**

<b>Alcohol:</b>	Will alcohol be served or available? <input type="checkbox"/> Yes* <input type="checkbox"/> No  *Please see the Preferred Vendor List. Only approved vendors can serve alcohol in the Pavilion.
<b>Tables/Chairs/Seating:</b>  <b>Using Sundance Square café style tables and chairs?</b> <i>*If applicant chooses to forego the use of Sundance Square café style tables and chairs, he/she is subject to a relocation fee not to exceed \$250.</i>	How many tables:  How many chairs:  Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Miscellaneous/ Special Requirements:</b>	Describe please:

*If Owner's existing setup/equipment is inadequate for the event, then applicant may, subject to Owner's prior approval, contract with one of Owner's preferred contractors/vendors to provide the required equipment.*

**\*Participation in your event by an electric service provider (energy company) is strictly forbidden.**



## Applicant's Contractors/Vendors:

Work to be Performed	Contact Information
<p><b>Caterer</b>  <i>*Absolutely no non-Sundance food or drink permitted. Caterer must be included in the preferred catering vendor list.</i></p>	<p>_____  <b>Contact Person</b></p> <p>_____  <b>Company Name</b></p> <p>_____  <b>Phone</b></p> <p>_____  <b>Email</b></p>
<p><b>Rental Company</b></p>	<p>_____  <b>Contact Person</b></p> <p>_____  <b>Company Name</b></p> <p>_____  <b>Phone</b></p> <p>_____  <b>Email</b></p>
<p><b>DJ/Entertainment</b></p>	<p>_____  <b>Contact Person</b></p> <p>_____  <b>Company Name</b></p> <p>_____  <b>Phone</b></p> <p>_____  <b>Email</b></p>
<p><b>Photographer</b></p>	<p>_____  <b>Contact Person</b></p> <p>_____  <b>Company Name</b></p> <p>_____  <b>Phone</b></p> <p>_____  <b>Email</b></p>
<p><b>Other</b></p>	<p>_____  <b>Contact Person</b></p> <p>_____  <b>Company Name</b></p> <p>_____  <b>Phone</b></p> <p>_____  <b>Email</b></p>

## PUBLIC SAFETY

All applicants must reach out to Kyle McPherson regarding the possibility of additional security at the event. Mr. McPherson can be reached at [KDMcPherson@sundancesquare.com](mailto:KDMcPherson@sundancesquare.com)

## PARKING

Will your guests park in one of Sundance Square's three parking garages? \_\_\_\_\_  
*\* Parking is free after 5:00pm in all three garages.*

Will your guests utilize the Sundance Square valet stands? \_\_\_\_\_  
*\* Applicant has the option to purchase valet validations at \$20.00/validation to allow free valet parking for their guests. PLEASE NOTE your caterer will NOT be able to validate any kind of parking at the event.  
If you would like to purchase valet validations, please speak with your Sundance Square Pavilion representative.*

## INSURANCE INFORMATION

Applicant must sign a License Agreement which includes an Indemnity provision as well as insurance requirements. Certificate of insurance and the Special Event License Agreement must be fully executed prior to event. The policy must name the Owner(s) of the property as 'Additional Insured' to all coverage on Form CG2026 or its equivalent. Indemnites to be listed as additional insured: **Sundance Plaza, LLC, Sundance Plaza Properties, LLC, Sundance Square Management, L.P.** and **BEPCO, L.P.** This insurance shall be primary to any other insurance available to Indemnites. Sponsor shall provide Owner with a certificate of insurance acceptable to Owner evidencing these coverages at least thirty (30) days before the Event. Minimum Limits as applicable: \$1,000,000 Commercial General Liability, \$2,000,000 Liquor Liability, \$500,000 Auto Liability. Workers Compensation (if event sponsor has employees) including a Waiver of Subrogation in favor of Indemnites. If event sponsor has no employees, all vendors and contractors involved in event must provide Worker's Comp. All limits and coverage may be adjusted to meet exposure as determined by Risk Management.

Event sponsor will be required to obtain the necessary certificates of insurance from all contractors and vendors.

Licensor's Insurance: If Licensee is unwilling or unable to obtain the commercial general liability insurance required above, Licensee may elect to participate in Licensor's Tenant/User's Liability Insurance Program ("TULIP") and shall pay the additional premium for same to Licensor upon demand. If Licensee refuses or fails to provide the insurance required to be carried by Licensee pursuant to Section 13.c, Licensor shall have the right, but not the obligation, to obtain such insurance and, within ten (10) days after receipt by Licensee of Licensor's request for reimbursement, Licensee shall reimburse Licensor for the cost of such insurance.

***Special Event License Agreement will not be authorized by Sundance Square until insurance has been received and approved.***

# SUNDANCE SQUARE STATEMENT

In exchange for the benefits we provide, a safe clean area, an impeccable reputation, free parking, and a highly recognized location, we do require that you use Sundance Square as your location and as a sponsor in all marketing materials and advertising regarding this event.

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Print Applicant's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature