



Request for School Facilities Use

Date of request _____

Person Making Request _____

Organization _____ Non-Profit? Yes No

Please complete the following contact information for the primary contact person for the organization

Name: _____

Address: _____

Daytime phone number _____ Fax number _____

Emergency phone number _____ Email _____

Date of event(s)/Reason _____

<input type="checkbox"/> Lago Vista Elementary	
Cafeteria	Seating? <input type="checkbox"/> Yes <input type="checkbox"/> No (note: if over 200 you will have to rent)
Gymnasium	
<input type="checkbox"/> Middle School/Viking Hall	
Board Room	Seating?
Gymnasium	Bleachers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cafeteria	Kitchen or Snack Bar? <input type="checkbox"/> Yes <input type="checkbox"/> N
<input type="checkbox"/> Lago Vista High School	
Gymnasium	Bleachers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	
Field(s) - specify	

Start Time: _____ End Time: _____

Public Address System Yes No

Podium Yes No

Flags Yes / No

Other Instructions/explanation:

Maintenance Personnel Needed?
Yes / No Reason?

Custodial Personnel Needed?
Yes / No Reason?

Cafeteria Personnel Needed?
Yes / No Reason?

Please initial that you are aware the schools are a **SMOKE FREE ZONE** and that **DRUGS** or **ALCOHOL ARE NOT ALLOWED** on district property. _____

Please initial that you are aware that your group will be responsible for **any damage or loss of district property**. _____

Please note that support service personnel (maintenance, custodial, and cafeteria) will be assigned as needed and that these employees will be paid directly by the District, their regular pay including time-and-a-half pay for hours resulting in overtime. Your organization will pay, directly to the District, any costs incurred by such employees as well as any rental fees and/or deposits required by the district. The District will provide your organization with a cost estimate prior to final approval and execution of an LVISD Facilities Use Agreement.

Please initial that you have read and understand the above statement. _____

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For District Use Only:

MAINTENANCE	
_____	Date _____
Supervisor's Signature	
Est. # hours _____	Est. OT hours _____ Additional costs: _____
Employee assigned _____	Total Est. Cost _____

CUSTODIAL	
_____	Date _____
Supervisor's Signature	
Est. # hours _____	Est. OT hours _____ Additional costs: _____
Employee assigned _____	Total Est. Cost _____

CAFETERIA	
_____	Date _____
Supervisor's Signature	
Est. # hours _____	Est. OT hours _____ Additional costs: _____
Employee assigned _____	Total Est. Cost _____

Approved / Denied

Principal/Admin Signature

Date