



# 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"/> <b>Lago Vista Elementary</b>	
Cafeteria	Seating? <input type="checkbox"/> Yes <input type="checkbox"/> No (note: if over 200 you will have to rent)
Gymnasium	
<input type="checkbox"/> <b>Middle School/Viking Hall</b>	
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"/> <b>Lago Vista High School</b>	
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?

\_\_\_\_\_

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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:

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

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

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

**Approved / Denied**

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date