



# Request for use of School Facilities

Date of request \_\_\_\_\_

Description/Name of event \_\_\_\_\_

Date of event(s) \_\_\_\_\_

Event Start-End Times: \_\_\_\_\_

Prep/Setup Start & End Time: \_\_\_\_\_  
 (Indicate above if you need access earlier for set-up and note the time you will be out of the facility following cleanup)

**Complete the following contact information and note the primary contact person for the organization/event**

Organization \_\_\_\_\_ Non-Profit?  Yes  No

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

Address: \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Emergency phone number \_\_\_\_\_ Email \_\_\_\_\_

|  |   |
|--|---|
| <input type="checkbox"/> <b>Lago Vista Elementary</b>      |   |
| Cafeteria/ Stage   | Seating? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(note: if over 200 you will have to rent chairs) |
| Gymnasium  |   |
| <input type="checkbox"/> <b>Intermediate/Middle School</b> |   |
| Viking Hall Cafeteria / Stage                              | Seating/café tables? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Intermediate Gymnasium (Lower Gym)                         | Bleachers <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Middle School Gymnasium (Upper Gym)                        | Bleachers <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Football Field   |   |

Other instructions or pertinent info: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Maintenance Personnel Needed?  
 Yes / No

\_\_\_\_\_  
 Custodial Personnel Needed?  
 Yes / No

\_\_\_\_\_  
 Cafeteria Personnel Needed?  
 Yes / No

Please initial that you are aware the schools are a **SMOKE FREE/VAPE FREE ZONE** and that **DRUGS or ALOCHOL 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. \_\_\_\_\_

For District Use Only:

| ATHLETICS               |   |
|-------------------------|---|
| _____                   | 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

\_\_\_\_\_  
Group Type

\_\_\_\_\_  
Charge