

## Lake Travis ISD Facility Use Application

*This application should be completed only after the  
Lake Travis ISD Facility Use Agreement has been read and understood.*

DATE OF SUBMITTAL: \_\_\_\_\_ EVENT TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

EVENT DESCRIPTION:

\_\_\_\_\_

LOCATION: \_\_\_\_\_ ROOM/FACILITY: \_\_\_\_\_

EVENT DATE(S): \_\_\_\_\_

EVENT START TIME: \_\_\_\_\_ EVENT END TIME: \_\_\_\_\_

EVENT OPEN TIME: \_\_\_\_\_ EVENT CLOSE TIME: \_\_\_\_\_

*(For additional dates, please fill out the Supplemental Event Form attached)*

Check one (see fee scale)  No-Usage Fee  Reduced-Level 1  Reduced-Level 2  Reduced-Level 3  
 Standard Usage Fee

*All non-profit organizations must include notarized  
Non-Profit Charitable Organization Exemption Form along with this application.*

CONTACT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

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

### INSURANCE INFORMATION

COMPANY: \_\_\_\_\_ POLICY NO.: \_\_\_\_\_

AMT. OF COVERAGE: \_\_\_\_\_

COVERAGE DATES: \_\_\_\_\_ TO \_\_\_\_\_

## Lake Travis ISD - Facility Rental WORKSHEET

**SETUP REQUIREMENTS** (check all that apply and give service description)

- Athletic Fields \_\_\_\_\_
- Audio/Visual \_\_\_\_\_
- Climate Control \_\_\_\_\_
- Concession Stands \_\_\_\_\_
- Custodial \_\_\_\_\_
- Electrical \_\_\_\_\_
- Event Set Up \_\_\_\_\_
- Grounds \_\_\_\_\_
- Miscellaneous \_\_\_\_\_
- Parking \_\_\_\_\_
- Lighting/Sound \_\_\_\_\_
- Scoreboards \_\_\_\_\_
- Security \_\_\_\_\_
- Staging \_\_\_\_\_
- Food \_\_\_\_\_
- Other \_\_\_\_\_

**Number Attending:** \_\_\_\_\_

**APPLICANT SIGNATURE**

I have read and understand all provisions of the Lake Travis ISD Facility Use Agreement (“Agreement”) and agree, on behalf of and as an authorized representative of the above named organization (Applicant/Lessee), to, if permitted to use a Lake Travis ISD facility, to abide by the provisions of the Agreement, Lake Travis ISD Board Policies GKD (Legal) and GKD (Local) and all applicable laws, regulations, and Lake Travis ISD policies, regulations, and guidelines.

\_\_\_\_\_  
*Print name of authorized representative and /or organization officer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Official or Appointed Designee for Approval*

\_\_\_\_\_  
*Signature of Community Programs Coordinator or  
Director of Athletics*

**FOR OFFICE USE ONLY: This application is accompanied by current Certificate of Insurance:** \_\_\_\_\_

**Non-Profit Charitable Organization Exemption Form:** \_\_\_\_\_

**Lake Travis ISD**  
**Facility Use Application**  
**SUPPLEMENTAL EVENT FORM**  
(FOR MULTIPLE DATES)

EVENT TITLE: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

EVENT DESCRIPTION:  
\_\_\_\_\_

LOCATION: \_\_\_\_\_ ROOM/FACILITY: \_\_\_\_\_

EVENT START TIME: \_\_\_\_\_ EVENT END TIME: \_\_\_\_\_  
EVENT OPEN TIME: \_\_\_\_\_ EVENT CLOSE TIME: \_\_\_\_\_

EVENT TITLE: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

EVENT DESCRIPTION:  
\_\_\_\_\_

LOCATION: \_\_\_\_\_ ROOM/FACILITY: \_\_\_\_\_

EVENT START TIME: \_\_\_\_\_ EVENT END TIME: \_\_\_\_\_  
EVENT OPEN TIME: \_\_\_\_\_ EVENT CLOSE TIME: \_\_\_\_\_

EVENT TITLE: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

EVENT DESCRIPTION:  
\_\_\_\_\_

LOCATION: \_\_\_\_\_ ROOM/FACILITY: \_\_\_\_\_

EVENT START TIME: \_\_\_\_\_ EVENT END TIME: \_\_\_\_\_  
EVENT OPEN TIME: \_\_\_\_\_ EVENT CLOSE TIME: \_\_\_\_\_