

Internal Facility Use Request  
LTISD Athletics

Organization

Date of Submittal

Banquet Date

Number Attending

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Contact Name

Email

Cell Phone

Work Ext.

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Dinner Location

Event Date

Event Start Time

Event End Time

Set-Up Start Time

Awards Location (Café/Recital Hall/PAC)

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**Place an "X" next to the resources you will need:**

Event Set Up

Audio/Visual

AC

Lighting

Parking Attendant

Security

Kitchen Access

FANS Manager

Other