



# Eanes ISD Facility Use Application

**DEADLINES:** Any group requiring Field or Gym space: Deadline for Fall field schedules is July 1; Deadline for Spring field schedules is October 1. Any application received after the deadline is contingent upon availability.

**CHANGE FEE:** \$35 will be charged per event date for changes made after confirmation of schedule.

**CANCELLATION FEE:** Applicant will be charged for all dates/times scheduled unless a cancellation notice is received 5 working days prior to cancelled date.

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

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

**LOCATION(S):** \_\_\_\_\_ **ROOM/FACILITY:** \_\_\_\_\_

**EVENT DATE(S):** \_\_\_\_\_ **EVENT START TIME:** \_\_\_\_\_ **EVENT END TIME:** \_\_\_\_\_  
(For additional dates, please attach Supplemental Event Form) **SET UP TIME:** \_\_\_\_\_ **BREAKDOWN:** \_\_\_\_\_

**NUMBER ATTENDING:** \_\_\_\_\_

**ORGANIZATION (Check One):** \_\_\_\_\_

**YOUTH**  
(Roster Must Reflect  
85% EISD Students)

**WHS CLUB (Must in-  
clude approved form from  
WHS AP with application.)**

**NON-PROFIT (Must  
include notarized Non-Profit  
Charitable Organization  
Exemption Form with appli-  
cation.)**

**FOR  
PROFIT**

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

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

**BILLING ADDRESS:** \_\_\_\_\_ **PHYSICAL ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INSURANCE INFORMATION

**Your Current Acord Certificate of Insurance, listing Eanes ISD as a Certificate holder, lists the following coverage:**

General Liability  Auto  Workers Comp  Participant Accidental Insurance (required for youth athletics)

## EVENT SET UP: (check all that apply)

Tables/Chairs  Field Lights  Add'l Electrical  Security  Other: \_\_\_\_\_

**WILL FOOD BE SERVED?:**  No  Yes

**Who will you be serving?**  Finite Group  General Public

**How will you be serving?:**  Concessions  Catered  Mobile Food Vendor  Other: \_\_\_\_\_

## APPLICANT SIGNATURE

I have read, understand, and agree to all provisions of the Eanes ISD Facility Use Agreement and Addendum thereto, if applicable. On behalf of and as an authorized representative of the above named organization (applicant/lessee), I agree to abide by the Agreement and any Addendum thereto, Eanes ISD Policy GKD (Legal) and GKD (Local), and all applicable laws and rules. This form supersedes all previous forms and is effective June 22, 2016.

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

\_\_\_\_\_  
Signature of School Official/Designee for Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

6/22/2016

**To Submit, please fill out, print, sign and scan/deliver to EISD Facility Rentals**