



Facility Use Form

SE-01

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Organization Name

Point of Contact Title

Email Phone Cell Fax

Address Line

City State Postal Code

Event Information

Date of Event - Day #1 Beginning Time of Event Ending Time of Event

Date of Event - Day #2 Beginning Time of Event Ending Time of Event

Date of Event - Day #3 Beginning Time of Event Ending Time of Event

Date of Event - Day #4 Beginning Time of Event Ending Time of Event

Date of Initial Setup Date of Take-Down Group Size

Will parking facilities be required? Yes No Will audio system be use? Yes No

Will event require unleased space? Yes No If no, will food/beverage be served? Yes No

Will alcoholic beverages be provided or served? Yes No

Title of Event & Detailed Description of Activities

[Large empty box for event title and description]

To Be Completed by Authority Staff Only

Coordination: Bowman Field | Communications Center | Engineering | Maintenance |

Maintenance | Properties | Public Relations | Public Safety | Tenants |

Special Event Agreement: Date Due

Certificate of Insurance: Date Due Amount Required

Special Event Fee: Date Due Amount Required

LRAA Equipment:

LRAA Personnel:

APPROVAL: By: _____
Name: _____
Title: _____

Special Event Agreement Required
 Special Event Agreement Not Required