



**Facility Use Form**  
SE-01

P.O. Box 9129  
Louisville, KY 40209  
Main 502-368-6524  
Fax 502-367-0199

**Organization Information**

Organization Name

Point of Contact  Title

Email  Phone  Cell  Fax

Address Line

City  State  Postal Code

**Event Information**

Date of Event - Day #1	<input type="text"/>	Beginning Time of Event	<input type="text"/>	Ending Time of Event	<input type="text"/>
Date of Event - Day #2	<input type="text"/>	Beginning Time of Event	<input type="text"/>	Ending Time of Event	<input type="text"/>
Date of Event - Day #3	<input type="text"/>	Beginning Time of Event	<input type="text"/>	Ending Time of Event	<input type="text"/>
Date of Event - Day #4	<input type="text"/>	Beginning Time of Event	<input type="text"/>	Ending Time of Event	<input type="text"/>
Date of Initial Setup	<input type="text"/>	Date of Take-Down	<input type="text"/>	Group Size	<input type="text"/>

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

**To Be Completed by Authority Staff Only**

Coordination:  Bowman Field |  Communications Center |  Engineering |  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