



LOUISVILLE

REGIONAL AIRPORT AUTHORITY



Special Event and Facility Use Application

Organization Information

Organization Name _____

Point of Contact _____ Title _____

Email _____ Phone _____

Address _____ City _____ State _____

Zip Code _____

Event Information

Date(s) of Event _____ Times _____ Group Size _____

Parking Facilities Required _____ Additional Services Requested _____

Audio System Required _____

Food/Beverage Provided or Served _____

Alcohol Provided or Served _____

Title of Event and Detailed Description of Activities

For LRAA Staff Only

Certificate of Insurance _____ Special Event Fee _____ Paid Date _____

Coordination: __Bowman Field __Airport Operations __Engineering
 __Maintenance

Equipment and Personnel Required

APPROVAL

Name: _____ Date: _____