

## *Athletic Facility Rental Application*

### **Rental Guidelines:**

Rental applications are due six (6) to eight (8) weeks prior to event. There will be no expedited rental requests. Facilities are available for community use on a rental basis by non school organizations.

These venues may be used under the agreement that:

- a. The use of the facility does not interfere with the operation of the facility for school purposes.
- b. The request for use has been approved by the Executive Director of Athletics.
- c. Permission is not granted for its regular and continued use.
- d. Any agreement to rent may be canceled by the District in favor of school activities.
- e. Any organization or group using school facilities will designate one member of its group as being in charge of and responsible for the program or activity. This person, in turn, will be responsible to the school at which the event is scheduled.
- f. Groups renting a facility for an occasion to which the general public is eligible to attend during that time, will be held responsible for any damages to school property.
- g. The renter, or group using the building, agrees to restore to original condition any unwarranted destruction of property.
- h. No one will be furnished a key. A regular member of the custodial staff or coaching staff will open and close the building.
- i. There will be no use of liquor or tobacco on the property at any time.
- j. Rehearsal, set up, or practice time needed prior to actual date of scheduled event, will be at the established rental rate for the facility.

### **Insurance:**

Proof of insurance is required for use of athletic facilities.

- a. Policy minimum: \$300,000 personal - \$100,000 property (GKD Local Policy)
- b. A certificate of insurance with SBISD as the certificate holder must be received prior to event or event will be canceled.

### **Payment:**

A \$25 nonrefundable application fee is due at the time the application is submitted. **Applications will not be processed until application fee is received.** Rental fees shall be paid in advance and at the time the event is scheduled on the calendar. Fees shall not be refunded unless the event is canceled by the District. All fees should be mailed to the following address. Accepted forms of payment are cash and check.

SBISD Athletic Department  
Attn: Rentals  
1050 Dairy Ashford  
Houston, TX 77079

### **Outside Vendors:**

Outside vendors may be used on SBISD property with proper authorization and the proper level of insurance. Vendors are subject to a \$100/day vendor fee. For vendor insurance requirements, please visit:

<https://www.springbranchisd.com/about/departments/finance/purchasing/informationforvendors>

# Athletic Facility Rental Application



1. Applications are due six (6) to eight (8) weeks prior to event.
2. A \$25 non-refundable application fee is due at the time the application is submitted
3. Submit one application per facility.
4. All parties/organizations must provide a Certificate of Insurance from your provider with SBISD as the certificate holder.

Select Organization Type:

SBISD School

Profit Organization

Non-Profit

***\* Non Profit Organizations must provide tax forms***

Name of Organization Requesting Use: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Requested Venue: \_\_\_\_\_

Campus Venue:  Gym Gym Qty: \_\_\_\_\_  Field  Track  Tennis Courts Court Qty: \_\_\_\_\_

Date(s) of Use: \_\_\_\_\_

Day of Week:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Hours of use:

Reservation Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Event Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Event Description (Be explicit as to name of speaker, type of entertainment, and the like):

Approximate attendance: \_\_\_\_\_

Will Tickets be Sold? Yes  No

Price per ticket: \_\_\_\_\_

Will you have vendors at this event? Yes  No

Will you request to open Concession Stands? Yes  No

Please tell us about the coaches and/or organization requesting use:

**Select Set Up Needs (Select all that apply):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> A/C                                   | <input type="checkbox"/> Small Locker Rooms                    | <input checked="" type="checkbox"/> Projector Screen(s) |
| <input type="checkbox"/> Basketball goals                      | <input type="checkbox"/> Medium Locker Rooms                   | <input type="checkbox"/> Restrooms                      |
| <input type="checkbox"/> Bleachers pulled out                  | <input type="checkbox"/> Large Locker Rooms                    | <input type="checkbox"/> Small Stage                    |
| <input type="checkbox"/> DCC Storage Closet                    | <input type="checkbox"/> Official's Small Locker Rooms         | <input type="checkbox"/> Large Stage                    |
| <input type="checkbox"/> Diving Blocks                         | <input type="checkbox"/> Official's Large Locker Rooms         | <input type="checkbox"/> Scoreboard                     |
| <input type="checkbox"/> EMS                                   | <input type="checkbox"/> Microphone                            | <input type="checkbox"/> Soccer goals                   |
| <input type="checkbox"/> Fencing                               | <input type="checkbox"/> Podium                                | <input type="checkbox"/> Sound System (Staff Supported) |
| <input type="checkbox"/> Floor Cover (at DCC)                  | <input type="checkbox"/> Projector                             | <input checked="" type="checkbox"/> Touch Pads          |
| <input type="checkbox"/> Lights                                | <input checked="" type="checkbox"/> Tables    Table Qty: _____ | <input checked="" type="checkbox"/> Trash Cans          |
| <input type="checkbox"/> Chairs            Qty: _____          |  | <input checked="" type="checkbox"/> Water Cows          |
| <input type="checkbox"/> Other (please specify special needs): |  |   |

**Applicant hereby agrees to the above conditions and agrees to pay all fees associated with the use of the named facilities:**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Date

***When approved by proper school official, this application will constitute a binding agreement.***

**For Department Use Only:**

Approved by: \_\_\_\_\_  
Athletic Department Approval

\_\_\_\_\_  
Date

Rental Stipulations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Checklist:**

	\$25 Application Fee	
	COI	
	Site Approval	
	Supervisor	
	Custodian	
	Police Officer	
	Cost Estimate	
	Invoice	
	Payment	