

APPLICATION TO USE TEJAS COMMUNITY PAVILION

Name and title, address and phone number of responsible person (must attach legible copy of responsible person's driver license or other government issued photo ID):

Title: _____
Phone: _____
E-Mail: _____

Name of organization, association or cause: _____

Date(s) of event: _____

Type of event: _____

Purpose of event: _____

Nature of organization (i.e., not for profit corporation, unincorporated association, charitable trust, etc.) or name of individual: _____

Designate organization tax exempt status designation, if any, made by Internal Revenue Service, i.e., 501(c)(3), 501(c)(4), 501(c)(5), 501(c)(6), 501(c)(7), 501(c)(8), etc. (not necessarily required): _____

Has the organization received a public charity status designation by the Internal Revenue Service? If so, describe the type of public charity status so granted (not necessarily required): _____

Name and address of bank or other event proceeds depository or receiving entity (i.e., parent or charitable organization), and any applicable account information:

Account no. _____

The undersigned warrants, agrees and represents that he/she is the authorized agent of the above named organization, or the named individual, that the information set forth above is true and correct, and that the organization and event will comply with the attached designation of Pavilion purpose and rules and regulations.

Signature of responsible person who is an officer, director, trustee or other organization authorized official, or named individual