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SPECIAL
USE POLICY APPLICATION
Parks & Recreation

Name: _____ E-mail: _____

Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name of Company: _____

Description of Proposed Activity: _____

Proposed Dates of Activity: _____

Proposed Times of Activity: _____

Proposed Location of Activity: _____

Anticipated Number of Participants: _____ Fee Per Participant: _____

Anticipated Amount of Revenue (if applicable): _____

The approval of any request for authorization to conduct a Special Use Application within the District's parkland shall be made in the District's sole and absolute discretion based upon consideration of all relevant facts and circumstances, including the impact of the proposed activity on the District's parks; impact on traffic and parking; conflicts with the District's parks and recreational programming; conflicts with other park users; impact on availability of the park to the public; whether the activity may interfere with the operation and maintenance of District parks, trails and greenspaces; impact of the activity on surrounding property owners; and other considerations. The District reserves the sole and absolute right to deny any request for authorization to conduct an Activity Special Use Application on the District's parkland, or to modify or terminate any prior authorization. The District reserves the right to request additional information. ***All of the terms and conditions of the Special Use Policy are incorporated by reference herein, and by execution below, the signatory agrees to, and to be bound by, all such terms and conditions.***

Signature _____

Date _____

☐ Approved ☐ Not Approved

By: _____ Date: _____

Required items: ☐ Fees and Deposit Collected ☐ Proof of Insurance (if needed)



☐ Park booked in system