



CITY OF MISSION, TEXAS

100% Fee Waiver Application Form

Please Note: All applications must be submitted at least six (6) months in advance of the event or requested service date to allow for proper review. Submission of this form does not guarantee approval. Only one (1) request per organization can be submitted annually to request the 100% Fee Waiver.

SECTION 1: ORGANIZATION INFORMATION

Legal Name of Organization:

Sharyland ISD

Is your organization a non-profit? (Please check one)

Yes

No **School District**

If yes, please provide your 501(c)(3) tax ID number and attach proof of your non-profit status. **(REQUIRED)**

Primary Contact Person: Dr. Lorene Bazan

Title: Director of Guidance & Counseling

Mailing Address: 1200 N. Shary Rd.

City, State, ZIP Code: Mission, TX 78572

Phone Number: 956-580-5200 ext: 1138

Email Address: lorene@sharylandisd.org

Website (if applicable): _____

SECTION 2: EVENT/PROJECT INFORMATION

Name of Event/Project: Sharyland ISD Top Ten Banquet

Date(s) of Event/Project: May 13th, 2026

Time(s) of Event/Project (Start & End):

5:30p.m. - 9:00 p.m.

Purpose/Description of Event: (Please provide a clear and concise summary)

Recognition of the Top Ten Students and their parents and mentor from each of our high schools: Sharyland High School, Pioneer High School, SA 3.

Expected Number of Attendees/Participants: 180

Will this event be open to the public?

Yes No

Will there be an admission fee or charge for participation?

Yes No

SECTION 3: CITY SERVICES REQUESTED

Please check all that apply and provide specific details:

Facilities:

Which facility is being requested: Event Center Historical Museum Golf Course
 Library Boys & Girls Club Gymnasium(s) Other _____

Specific request is for use of room/area, tournament/permit fee?

Parks & Trails:

Which park/trail is being requested?

Specific area within the park? _____

Equipment:

List all requested equipment being requested (e.g., tables, chairs, sound system, etc.):
Stage, Tables, Chairs, Sound System, Technology

Staffing:

Please describe the type of staffing needed (e.g., event security, special services):

Security - we are getting our own catering

Estimated Total Cost of Services (if known): \$ _____

SECTION 4: JUSTIFICATION FOR WAIVER/DISCOUNT

Please provide detailed justification for your request. Explain the community benefit of your event and why your organization requires a fee waiver or discount. (You may attach a separate sheet if needed.)

SECTION 5: INSURANCE & INDEMNIFICATION

The City of Mission will require that organization/applicant purchase general liability coverage for the event, naming the City of Mission as an additional insured. The organization/applicant assumes liability including cost of defense and attorney's fees for all bodily injury, personal injury, property damage or theft that may occur on the premises/equipment as a result of organization's/applicant's activities.

Organization/applicant agrees to hold the City of Mission harmless and further agrees to indemnify for any and all injuries or damages to the premises/equipment arising from organization's/applicant's use or occupation of the premises or from any act or negligence of organization/applicant, its agents, contractors, employees, licenses, or invitees in or about the premises.

Organization/applicant will indemnify and hold the City of Mission harmless from all costs arising out of any and all claims, suits, causes of action, and liability resulting from any damage and/or injury resulting from the presentation of any copyrighted work or material or violation of any other proprietary rights, any of which arise in conjunction with or are occasioned by organization's/applicant's use of the premises/equipment.

If the organization/applicant serves, sells, arranges or provides for the serving or sale of food or alcohol, then organization/applicant, representing all the event guests and participants, accepts full liability and holds the City of Mission harmless from and all liabilities, including but not limited to litigation brought due to the sale or donation, as well as damages arising from consumption, of such food or alcohol.

Insurance requirements are as follows, with limits of at least:

1. \$1,000,000 coverage against the claims of any and all persons for personal or bodily injury (including wrongful death) arising out of the work and services to be performed hereunder by organization's/applicant's third-party vendors, its officers,

agents, employees, subcontractors, licensees or invitees, whether or not caused in whole or in part by the alleged negligence of the officers, servants, employees of the City.

TEXAS LAW TO APPLY

This agreement shall be construed under and in accordance with the laws of the State of Texas. All obligations and disputes related to this Agreement are subject to the jurisdiction of Hidalgo County, Texas, and any litigation shall be exclusively heard in Hidalgo County, Texas.

SECTION 6: AGREEMENT & AUTHORIZED AGENT SIGNATURE

The signer of this 100% Fee Waiver Application for the Organization/applicant hereby represents and warrants that he/she has full authority to execute this 100% Fee Waiver Application on behalf of the organization/applicant.

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may result in the denial of this application and may impact future requests. I also agree to comply with all City of Mission rules, regulations, and policies related to the use of City services.

AUTHORIZED AGENT

The signer of this 100% Fee Waiver Application for the Organization/applicant hereby represents and warrants that he/she has full authority to execute this 100% Fee Waiver Application on behalf of organization/applicant.

Organization/Applicant: Sharyland ISD

Dr. Lorene Bazan

Printed Name of Authorized Agent

Lorene Bazan

11/13/2025

Signature of Authorized Agent

Date

Please submit the completed form and all supporting documentation to:

City Manager's Office
1201 E. 8th St., Mission, Texas 78572

For more information, please call (956) 580-8662.

FOR CITY OF MISSION USE ONLY

Date Received: 11-13-25

Received By: Afema (via email)

Decision:

Presented before Mission City Council on _____

Approved Denied

Other details or special considerations/NOTES (Please explain):

**EVENT ORDER****Sharyland ISD TOP 10 Banquet**

Mission Event Center

200 N. Shary Rd

Mission, TX 78572

jguzman@missiontexas.us

P: (956) 584-4321

Primary Contact	Email Address	Telephone
Lorene Bazan Sharyland Independent School District	lorene@sharylandisd.org	W: (956) 580-5200 x1138
Additional Contacts	Email Address	Telephone
Rachel Campos Sharyland Independent School District	rcampos@sharylandisd.org	W: (956) 580-5200 x1097
Jennifer Martinez Sharyland Independent School District	jmartinez@sharylandisd.org	M: (956) 580-5200 x1095

Sharyland ISD TOP 10 Banquet					
Date	Time	Location	Setup Style	Function	#
Wed, 05/13/2026	4:00pm-8:30pm	Valencia	Banquet - rounds of 10	Dinner	190

Service Fees					
Service Details	Menu	Qty	Price	Total	
	4:00pm / Valencia / Dinner Setup and Service Menu				
Fees	Outside Caterers- Use of Kitchen <i>Client to provide contact information</i>	1	\$375.00	\$375.00	

Room Rental					
Service Details	Menu	Qty	Price	Total	
	4:00pm / Valencia / Dinner Room Rental				
Non Profit & Residential	Valencia	1	\$1,350.00	\$1,350.00	

Labor					
Service Details	Menu	Qty	Price	Total	
	4:00pm / Valencia / Dinner Setup and Service Menu				
Staffing	Mission Police (4 hours) Security service fees are NOT INCLUDED in this proposal. If your event requires security services, they MUST BE PROVIDED BY OFF-DUTY MISSION POLICE OFFICERS. Mission Event Center staff will inform you and will coordinate security needed with Mission P.D for your convenience. The rate of each officer is \$50 per hour and must be paid directly to them at the start of the event. Clients will be provided with an invoice at least two weeks in advance. Security is hired from the start of your event until the last guest exits the building and/or parking lot. <i>This event will require two officers from 6-10pm (4 hrs)</i>		\$50.00		

Equipment				
Service Details	Menu	Qty	Price	Total
	4:00pm / Valencia / Dinner Setup and Service Menu			
Set-up Needs	Banquet Tables <i>19 rounds of 10</i> Registration Table <i>if client requests MEC can provide tables and chairs or client may use Information Desk for registration</i> Other Furnishings <i>if client requests additional tables for any displays, etc.</i> Stage Section <i>Full stage w/ stairs on each side</i> Projector <i>with screens</i> Podium - to be provided by SISD <i>MEC to provide two wireless mics</i> Video Chairs	19	\$350.00	
		2		
		190		

Internal (No Taxes or Fees)				
Service Details	Menu	Qty	Price	Total
	4:00pm / Valencia / Dinner Setup and Service Menu			
Fees	Refundable Damage Deposit	1	\$500.00	\$500.00

CHARGES		
	Charges	Total
Service Fees	\$375.00	\$375.00
Room Rental	\$1,350.00	\$1,350.00
Internal (No Taxes or Fees)	\$500.00	\$500.00
Totals	\$2,225.00	\$2,225.00
	Payments Received	\$0.00
	Balance Due	\$2,225.00

CUSTOMER ACCEPTANCE: The undersigned accepts the responsibility for the services and prices listed in this agreement:

Client Signature: _____ **Date:** _____

Please note 50% of the rental fee is due upon confirming your event and account balance must be paid 04/13/2026.

Please make check payable to: City of Mission

Mail to: City of Mission

Attn: Mission Event Center

1201 E. 8th St.

Mission, Texas 78572