

REQUEST FOR USE OF CAMPUS ATHLETIC FACILITIES Form A (Secondary Campuses Only)

Facility Requested: _____

Area: Gymnasium: _____ Field: _____

Purpose of Use: _____

Date(s): _____
(Specify each individual date – Not to exceed one year)

Times of Use: _____

Provide details about the level of involvement (if any) by FWISD students in the activity/event

List all fees to be charged for any of the following: Entrance/Participation/Parking

List expected number of attendees/participants:

Will you need any additional services for this event? If so, please place an "x" by the services you need.

Services Custodian Utilities (A/C, lights, restrooms, water) Other: _____

Requesting Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Responsible Person: _____ (Please print your name)

Daytime Phone _____ Email Address: _____

Requestor's Signature: _____ Date: _____

Non-Profit 501 -C Certificate Attached Certificate of Liability Insurance Attached (\$100,000-\$300,000)

References Required – Please list previously used rental location, contact name, & phone number:

ALL REQUESTS MUST BE SUBMITTED TO THE SCHOOL OFFICE LESS THAN 30 DAYS PRIOR TO THE RENTAL DATE REQUESTED