

# 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