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Facility Rentals
100 N. University Dr., Ste. NE140B Fort Worth, Texas 76107
OFFICE: 817.814.2 FAX: 817.814.2146
(PDLO IDFLOLW\UHQWDOV#IZLVG RUJ
www.fwisd.org

REQUEST FOR USE OF FACILITIES

Facility Requested: ____

Area: (Ex. Auditorium, Cafeteria, Gym, Football Field, etc.) ______________________________

Purpose of Use: ____

Date(s): ____
(Specify each individual date)

Times of Use: ____

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

Please list the expected number of attendants/participants for the event(s):
____

Will you be charging an entrance/parking fee for attendance/participation? If so, please list all fees to be charged.
____

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

Services: ☐ 6HFXU☐V Utilities (A/C, lights, restrooms, water) ☐ 2WKHU #RQFHVVLRQV WDEOHV FKDLUV

Requesting Organization: ____

Address: ____________________ City: ____________ State: ____ Zip: ________

Responsible Person: ______________________________ (Please print your name)

Daytime Phone: ____________________________ Fax: ______________________

E-mail Address: ____

Requestor's Signature: ______________________________ Date: ____________

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YLD (PDLO IDFLOLW\UHQWDOV#IZLVG RUJ

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