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Facility Rentals:

100 N University Dr., Ste. NE140B Fort Worth, Texas 76107
OFFICE: 817.814. FAX: 817.814.2146

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www.fwisd.org SCHOOL DISTRICT



Fort Worth

INTER-DEPARTMENTAL 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 by FWISD students/personnel in the activity/event:

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

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services you will need.

Services: Custodian Utilities (A/C, lights, restrooms, water) Other: VHFxULW\ ZDUHKRXVH

Requesting Department _____

Custodial Overtime Budget #: _____

Responsible Person: _____ (Please print your name)

Daytime Phone: _____

Custode P>• †bT#Loí45 H T X H V W R U ¶

Please return this form to &DQGLFH &RXOVRQ
via Hmail: FDQGLFH@fwisd.org
Fax: 817-814-2146

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