

GALENA PARK ISD FACILITIES USE REQUEST



CAMPUS REQUESTED: _____

ROOM REQUESTED: _____

FUNCTION: _____

DATES REQUESTED:

_____ DAY(S) (M, M-TH) _____ DATE(S) (Month, Date, Year)

TIME: (4 HR. INCREMENTS) _____
Event Start Time Open Close

EQUIPMENT NEEDED: _____

ORGANIZATION: _____ Number of Guests: _____

CONTACT: _____ PHONE: _____

ADDRESS: _____

The organization/group (Lessee) must furnish proof of \$1 million liability insurance coverage for the event with the district being listed as an additional insured on the policy. The organization/group (Lessee) must furnish insurance documentation with the form prior to facilities approving the use for the event.

LESSEE SIGNATURE

DISTRICT USE ONLY -- DO NOT WRITE BELOW THIS LINE

PRINCIPAL: _____

APPROVED	DENIED	DATE
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Department	Director Approval/Denial	Personnel Required	Hours (4 Hr. Increments)	Rate(s)	Total
Bldg.(HVAC)				See Policy	
Custodial <i>(Include Setup/Cleanup Time)</i>				\$25.00	
Food Service				\$25.00	
Supervisor				\$25.00	
Security				\$30.00	
Audio/Visual <i>(Specify on Equipment Needed)</i>				\$25.00	
Piano Rental				\$75.00	
Boardroom				See Policy	
Fine Arts/Auditorium				See Policy	
J. Zotz Staff Development				See Policy	
Athletics <i>(Specify on Equipment Needed)</i>				See Rates Form	
Deposit				\$200/\$500	
Total Due					

Director of School Operations _____

Date Received: _____

Approved Denied