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**

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

Director of School Operations _____ **Date Received:** _____

☐ Approved ☐ Denied