

## 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				\$35.00	
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	
<b>Total Due</b>					

Executive Director of School Operations \_\_\_\_\_

Date Received: \_\_\_\_\_

Approved       Denied