



GALENA PARK INDEPENDENT SCHOOL DISTRICT FACILITIES USE REQUEST

CONTACT INFORMATION	ORGANIZATION:	TODAY'S DATE:
	CONTACT NAME:	CONTACT NUMBER:
	ADDRESS (STREET, CITY, STATE, ZIP):	
	EMAIL ADDRESS:	

EVENT INFORMATION	EVENT/FUNCTION:	NUMBER OF GUESTS:	
	FACILITY/CAMPUS REQUESTED:	ROOM(S)/AREA:	
	DATE(S) REQUESTED (MONTH/DAY/YEAR):	DAY(S) OF WEEK:	
	EVENT START TIME (4 HR. INCREMENTS):	OPEN TIME (SET UP):	END TIME (INCLUDES CLEAN UP):
	EQUIPMENT NEEDED:		

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 this form in order for the approval of facility use.

DISTRICT USE ONLY - DO NOT WRITE BELOW THIS LINE

APPROVAL	PRINCIPAL:	APPROVED:	DENIED:	DATE:
	ATHLETIC DIRECTOR:	APPROVED:	DENIED:	DATE:
	SENIOR DIRECTOR FOR SCHOOL OPERATIONS:	APPROVED:	DENIED:	DATE:

	DEPARTMENT	DIRECTOR APPROVAL/DENIAL	PERSONNEL REQUIRED	**HOURS	RATE(S)	TOTAL
FEE'S	AUDIO/VISUAL <i>(SPECIFY ON EQUIPMENT NEEDED)</i>				\$ 25.00	
	CUSTODIAL <i>(INCLUDE SETUP/CLEANUP TIME)</i>				\$ 25.00	
	FOOD SERVICE				\$ 25.00	
	PIANO RENTAL				\$ 75.00	
	SECURITY				\$ 45.00	
	SUPERVISOR				\$ 25.00	
	ATHLETICS <i>(SPECIFY ON EQUIPMENT NEEDED)</i>				SEE RATES FORM	
	BOARDROOM				SEE POLICY	
	BUILDING (HVAC)				SEE POLICY	
	FINE ARTS/AUDITORIUM				SEE POLICY	
	J. ZOTZ STAFF DEVELOPMENT				SEE POLICY	
	DEPOSIT				\$200/\$500	
** Hours - 4 Hr. Increments**					TOTAL DUE	