T_M

Event:

Activity/Facility Approval Form

All forms must be submitted a minimum of three weeks prior to the scheduled event date. You must provide a 72 hour notice for a schedule change. School district functions have priority. Organizations not associated with T-M ISD must check with the campus prior to submitting an Activity/ Facility Approval Form.

First Name:	Last	t Name:	
Email:	Pho	ne number:	
Event Date:	Event Start T	ime: Event End Time:	
Alternate Event Date:	Time of Perfo	ormance:	
Number of Hours Requested:	3 5 6 8 All D	ay	
During school day	After school Or	n weekend or non-school day	
Have you checked campus and district calendars for possible conflicts? Yes No Has a fundraiser request been submitted and approved? Yes No			
FACILITY USAGE	susmitted and appro-	100	
Which facility are you requesting?	None Needed	Person Submitting Request (Signature)	Date
Will you need any of the following services for your event? (Check all that apply)		Funding Source: •Student Activity Fund:	
Security	A/V Equipment	•District Acct. Number:	
Custodial Services	Technical Support	•Group:	
Microphone	Wireless Internet Access	•Other:	
AC/Heat	Room Set-Up	A PRID OVA I	
		APPROVAL	
Other Equipment/Materials		Principal/Supervisor	Date
Comments:		Calendar Coordinator	Date
		Central Office Administrator	Date
		Facility Fee (Determined by Central Office) Make payment to: Tuloso-Midway ISD, att. Finance Dep Box 10900, Corpus Christi 78460-0900	ot, PO

NOTE: *NO* activity/facility is considered approved, or facility reserved and placed on the District's Calendar until this form is completed and returned signed by the Central Office.

White: Central Office Yellow: Sponsor Pink: Principal Gold: Maintenance