



FACILITY RENTAL REQUEST

Date of Request: _____

Name of Organization: _____

Address of Organization: _____
Street City State Zip

Organization Phone: _____

Organizational Purpose / Mission: _____

Contact Name: _____ Title: _____

Home Address: _____
Street City State Zip

Home Phone: _____ Mobile Phone: _____

E-mail Address: _____

Have you or the organization previously rented from C-FBISD? Yes No

Type of Facility Requested: Auditorium Cafeteria Gym Field Other: _____

Purpose and Type of Activity: _____

Campus or Location Requested: _____

Date of Event: _____ Start Time: _____ End Time: _____

Estimated Attendance ~ Children: _____ Youth: _____ Adults: _____

Additional Setup Requests / Information: _____

Scan or email to Rentals@CFBISD.edu