

Rockdale ISD Facility Use Application

This form must be received by the facility use coordinator 2 weeks prior to the event.

Date of Application _____ Organization _____

Purpose of Facility Use _____ Fundraiser (Yes or No)? _____

Building, School, or Facility (mark "X") _____ High Sch _____ Int Sch _____ Athletics
_____ Jr High _____ Elem Sch _____ Other (desc.) _____

Area or Rooms Requested _____

Date(s) Needed _____ Start Time _____ End Time _____ Total Hours _____

Personnel Requirements:

	<u>Responsibilities</u>	<u>From:</u>	<u>To:</u>	<u>Estimated Hrs</u>
Facility Attendant	_____	_____	_____	_____
Additional custodial labor	_____	_____	_____	_____
Set-up labor	_____	_____	_____	_____
Kitchen usage	_____	_____	_____	_____
Auditorium sound, lights	_____	_____	_____	_____
Other	_____	_____	_____	_____

Set-up Requirements:

Other Requirements:

Special equipment, furniture _____
Technology _____
Access to Other Bldg Areas _____
Other _____

Estimated attendance: _____ Who will attend? _____

Describe security needs and arrangements: _____

Describe supervision plans by the organization: _____

Will food be served? _____ If so, describe food arrangements: _____

Primary Contact Information:

Name _____ Phone # _____
Address _____
E-mail _____

Billing Address (If different):

Name _____
Address _____

Applicant's Signature _____ Date _____ Campus Approval _____ Date _____

FOR SCHOOL USE ONLY

Copies to: _____ Maintenance _____ Technology _____ Athletics _____
Insurance Certificate received? _____ Facility use category: _____

FACILITY USE AGREEMENT #: _____