

# Rockdale ISD Facility Use Application

This form must be received by the facility use coordinator (Shelbye Weise) 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 # \_\_\_\_\_  
Street Address \_\_\_\_\_ 2nd Phone # \_\_\_\_\_  
E-mail \_\_\_\_\_

### Billing Address (If different):

Name \_\_\_\_\_  
Street 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 #:** \_\_\_\_\_