



Facility Use Dept.

[msterritt@tUSD.net](mailto:msterritt@tUSD.net)

830-3297 or x1133

Fax# 830-3269

# TUSD INTERNAL FORM OFF CAMPUS INSURANCE REQUEST

Revised 10.7.21

School Employees and/or parents are prohibited from entering into any contractual agreement without prior approval from the district office. Copies of the proposed contract or agreement must accompany this request. Insurance requests are required 30 days prior to the date of the event. Form requires Principal signature. Send form to the Facility Use Department.

School: \_\_\_\_\_

Event: \_\_\_\_\_

Description: \_\_\_\_\_

Requestor: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Is TUSD providing transportation: YES  NO  If no what method: \_\_\_\_\_

*Parent permission slips are required for each participant*

**Activity sponsored by:** Site  ASB  Parent/Booster Club

**Method of Funding:** Title 1  District  ASB  Parent/Booster Club  MAA  None

**Do you have a contract?** Yes  No  If yes, send with this request

Name of Requesting Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email address: \_\_\_\_\_

Date(s) of Event:	Start Time:	End Time:

↓ **Required Signatures:** ↓

School Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Activity or Athletic Director: \_\_\_\_\_ Date: \_\_\_\_\_

*When applicable*

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

*Required for District Approval*

District: \_\_\_\_\_ Date: \_\_\_\_\_