

# FACILITY RESERVATION REQUEST

## Organization Contact Information

Name of Organization: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

## Facility

Facility to be Reserved: \_\_\_\_\_

Location Within Facility: \_\_\_\_\_

Date to be Used: \_\_\_\_\_

Time: \_\_\_\_\_

Purpose of Use: \_\_\_\_\_

## Contract Statement

I, \_\_\_\_\_, do hereby represent that I have the right and authority to act for the above described organization and agree on behalf of myself as well as such organization to assume full responsibility for the care and use of the facility requested as outlined in the Fort Stockton Independent School District policies GK and GK (Local).

I also agree on behalf of myself and the above named organization that such organization will SAVE and KEEP the Fort Stockton Independent School District forever harmless and indemnified against and from any penalty or damage or charges imposed for any violation of any law or ordinances, whether occasioned by the neglect of such organization or any of its members, and that said District will at all times be protected, indemnified and saved and kept harmless against and from any and all loss, cost, damage or expense (including attorney's fees), arising out of or from any accident or other occurrence on or about the said building, causing injury to any person or property whomsoever or whatsoever and will be protected indemnified and saved and kept harmless against any and all claims and against and from any and all loss, cost, damage or expense arising out of any failure of such organization in any respect to comply with and perform all the requirements and provisions set out in this document and contained in the policies above cited.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Fees are an estimate. You will be informed of and invoiced by facility supervisor for actual costs.**

**DELIVER TO FACILITY SUPERVISOR FOR APPROVAL AND FEE SCHEDULE**

## Approvals and Fee Disclosure

**Facility Supervisor - Please distribute copy of Fee Schedule to requester and fill in fees below before submission to administrator**

\_\_\_\_\_  
Facility Supervisor Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Approval

\_\_\_\_\_  
Date

Use Fee: \_\_\_\_\_

Staff Fee: \_\_\_\_\_

Custodial Fee: \_\_\_\_\_

Misc Fee: \_\_\_\_\_

Revised 12-18-12

**Total Amount Due:** \_\_\_\_\_