



Brooks County Independent School District

FACILITIES USE FORM

(Auditoriums, Cafeterias, Multi-Purpose Rooms, Gyms, Fields, and any Other District Facility)

TO: DIRECTOR OF OPERATIONS

<u>Today's Date:</u>	<u>Requested By:</u>

<u>Facility Requesting:</u>	<u>Event Date/Time:</u>

<u>Comments:</u> List any Special Preparations that need to be addressed by the Campus / Maintenance Department for the event. (A/C, Tables, etc.)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

<u>Campus Administrator Approval:</u>	<u>Date of Approval:</u>

*****THIS SECTION TO BE COMPLETED BY DIRECTOR OF OPERATIONS OR MAINTENANCE/OPERATIONS SUPERVISOR (M. CABRERA OR O. GALINDO)**

<u>Date Received:</u>	<u>Approved by:</u>

***Email to: Mr. Marty Cabrera and Mr. Oscar Galindo

mcabrera1@bcisd.us and ogalindo@bcisd.us