

**SANTA ROSA INDEPENDENT SCHOOL DISTRICT
OFFICE OF THE SUPERINTENDENT
(956) 636-9800 ext. 112 Fax: 956-636-1439**

REQUEST FOR USE OF FACILITIES

DATE OF EVENT: _____ **ACTIVITY:** _____

REQUESTOR: _____ **ORGANIZATION:** _____

REQUESTOR'S ADDRESS: _____ **PHONE/S:** _____

STAFF IN CHARGE OF SUPERVISION: _____ **PHONE:** _____

FOR ORGANIZATION/CAMPUS: _____

REQUESTED FACILITY: _____

☐ **KITCHEN** ☐ **ELEM-CAFETERIA** ☐ **FINE ARTS** ☐ **LIBRARY** ☐ **HS GYM**
☐ **FB FIELD** ☐ **MS GYM** ☐ **STAGE-LIGHTS** ☐ **SOUND SYSTEM** ☐ **PROJECTOR**

STARTING TIME: _____ **A.M./P.M.** **ENDING TIME:** _____ **A.M./P.M.**

SET UP TIME REQUIRED: _____ **A.M./P.M.** **TO:** _____ **A.M./P.M.**

PERSON OPENING BLDG. _____ **PERSON LOCKING BLDG.** _____

Check if needed

_____ **CUSTODIAN- funded by acct #** _____ **A/C NEEDED** _____ **TIME:** _____

Confirmation of Request:

I will maintain compliance with school district policies regarding the sale of merchandise at school and in the community. I understand that no selling is allowed during instructional periods and that all food fundraisers must adhere to our policy on Foods of Minimal Nutritional Value. When appropriate, I will secure a health permit before selling food items. I understand that I am responsible for the sales tax collection, cash collections, and merchandise involved.

SIGNED

RENTAL FEE: IF REQUESTED, MAKE CHECKS PAYABLE TO SANTA ROSA I.S.D.

DISTRICT VERIFICATION/APPROVAL:

FOOD SERVICE DIRECTOR

For use of Cafeteria/Kitchen

☐ YES ☐ NO

Signature

Date

ATHLETIC DIRECTOR

For use of Gyms/Fields

☐ YES ☐ NO

Signature

Date

PRINCIPAL

For use of Campus Facilities

☐ YES ☐ NO

Signature

Date

CHIEF FINANCIAL OFFICER

For use of District Facilities

☐ YES ☐ NO

Signature

Date

SUPERINTENDENT

Final Approval

☐ YES ☐ NO

Signature

Date

“The Santa Rosa I.S.D. Independent School District is an Equal Opportunity Employer, M/W/D/V.”