## South San Antonio Independent School District Facility Request Form 2017-2018 Division of Operations

PHONE (210) 977-7089 FAX (210) 977-7086

Organization:						
Mark one if applicable: □Non-Profit Orga SSAISD Employee:	nization □Raisii	ng Funds □Primar	ily Serving 80%	of SSAISD St	udents*	
	If Yes:	☐ Certified Empl	oyee $\square$	Auxiliary En	ployee	
Print Name of Authorized Co	ontact Person:			Phone #:		
Mailing Address:						
	Street		City and State		Zip	
Campus Facility Requesting:						
Campus Facility Address:						
Date(s) of Rental:						
Hours of Use:	Time In:	Time (	Out:	-		
Purpose of Rental:						
CAMPUS ADMINI	STRATOR Signatu	ire		Available	Yes	No
		ature			Yes	No
	1,12,11,11,11,11,11,11,11,11,11,11,11,11				7.55	
Technical Personnel Fee: #	Time		x \$25.00 = \$			
Technical Personnel Fee: # (Technical Personnel will arm	rive thirty minutes be	fore and remain thirty	minutes after eve	nt to set-up ar	nd put aw	ay equi
Custodian Fee:	# Time		x \$27.50 = \$			
(Custodian will open buildin	g thirty minutes befo	re and remain thirty mi	inutes after event	to clean area.	)	
SSAISD Police Fee:	# Time		x \$50.00 =		_	
(SSAISD Police will arrive t	hirty minutes before	and remain thirty minu	ites after event.)			
TO	TAL PROJECTED	COST: = \$				
Proof	of liability insurance	e	Yes	No	)	
Proof of Non-Profit or			Yes	No		
The applicant agrees that	they will be financia	lly responsible for any	damages or losses	s to district fa	cilities.	
Organization Repres	entative		Date			
Executive Director of	of Operations					
Chief Financial Officer			Dat	Date		

Note: This is an estimate of costs and not to be considered the actual charge. Deposit of \$200.00 with a separate check will be returned after final payment is made. Fees cannot be waived by the campus administrator.

\* This means that 80% or more of the participating youth in the event and in your organization are South San Antonio ISD students. The District will verify this information through the Roster Affidavit for use participants. Falsification of this document may result in a cancellation of your event as well as a loss of the ability to rent District facilities anytime in the future.

## SSAISD Facility Rental Roster Affidavit 2017-2018

	, Swear or affirm:					
1.	That I am an authorized representative of the following organization					
2.						
3.	3. I hereby certify that the attached roster is a complete list of all of the youth participants in the event for which the organization I represent seeks to rent the South San Antonio ISD facility.					
4.	Where applicable, I have identified the youth participants that are current South San Antonio ISD students, to include provision of each student's Student ID number for verification purposes. I understand that failure to report correct information may result in the loss of any future ability to rent District facilities. The South San Antonio ISD students participating in the event and identified on the attached list represent% or more of the total participants.					
5.	The number of participants on the attached list is					
	Signature of Authorized Official Title of Authorized Official					
	Affidavit will be valid for one year from date subscribed and sworn.					
5	SUBSCRIBED AND SWORN to before me on this Day of,					
	Notary Public Signature (Seal)					
	Printed Name					
	My Commission Expires:					

## SSAISD Facility Rental Youth Participant Roster 2017-2018

	Youth Participation Name	South San Student? Y or N	South San Student ID Number (Where Applicable)	South San School Attended (Where Applicable)
1			X	
2				
3				
4				
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Revised: September 21, 2017

## Youth Participant Roster 2017-2018

	Youth Participation Name	South San Student? Y or N	South San Student ID Number (Where Applicable)	South San School Attended (Where Applicable)
40			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
41				
42				
43				
44				
45	Marie Land			
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60				
61				777
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evised: September 21, 2017