



Willis Independent School District Request Form for Use of School Facilities

GROUP / ORGANIZATION: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

FACILITY REQUESTED: _____

EVENT: _____

DATE: _____ START TIME: _____ END TIME: _____

EQUIPMENT REQUESTED: _____

SPECIAL REQUESTS: _____

PROOF OF LIABILITY INSURANCE IS ATTACHED. _____ Yes _____ No

THIS ORGANIZATION HAS RECEIVED A COPY OF THE WISD PROCEDURES FOR USE OF SCHOOL
FACILITIES AND A COPY OF BOARD POLICY REGARDING NON SCHOOL USE OF FACILITIES.

_____ Yes _____ No

NUMBER ATTENDING _____

REQUEST SUBMITTED BY: _____

TITLE IN THE ORGANIZATION: _____

OTHER OFFICERS OF THIS ORGANIZATION: _____

DATE SUBMITTED: _____

(Please email form to cnichols@willisisd.org or fax to 936-890-6676.

Please attach any additional pertinent information to enable us to timely expedite
your request.)