



Facility Use Dept.

creyes@tUSD.net

830-3297 or x1133

Fax# 830-3269

TUSD INTERNAL FORM OFF CAMPUS INSURANCE REQUEST

Revised 10.7.21

School Employees and/or parents are prohibited from entering into any contractual agreement without prior approval from the district office. Copies of the proposed contract or agreement must accompany this request. Insurance requests are required 30 days prior to the date of the event. Form requires Principal signature. Send form to the Facility Use Department.

School: _____

Event: _____

Description: _____

Requestor: _____ Phone#: _____

Email: _____ Estimated Attendance: _____

Is TUSD providing transportation: YES ☐ NO ☐ If no what method: _____

Parent permission slips are required for each participant

Activity sponsored by: Site ☐ ASB ☐ Parent/Booster Club ☐

Method of Funding: Title 1 ☐ District ☐ ASB ☐ Parent/Booster Club ☐ MAA ☐ None ☐

Do you have a contract? Yes ☐ No ☐ If yes, send with this request

Name of Requesting Facility: _____

Address: _____

City: _____ Zip: _____ Phone#: _____

Contact Name: _____ Fax#: _____

Email address: _____

Date(s) of Event:	Start Time:	End Time:

↓ Required Signatures: ↓

School Contact: _____ Date: _____

Activity or Athletic Director: _____ Date: _____

When applicable

Principal: _____ Date: _____

Required for District Approval

District: _____ Date: _____