**APPLICATION/ FOR NON-SCHOOL USE OF SCHOOL FACILITIES**

HURST EULESS BEDFORD INDEPENDENT SCHOOL DISTRICT
1849A Central Dr. Bedford, TX 77022
**PHONE: 817-399-2037** **FAX: 817-354-3558**
hectorcoronilla@hebisd.edu

DATE OF APPLICATION _____

NAME OF ORGANIZATION _____

TYPE OF ACTIVITY TO BE SCHEDULED _____

NAME OF CAMPUS REQUESTED _____ AREA(s) DESIRED _____

DAY(s)/DATE(s) DESIRED _____ APPROX. ATTENDANCE_____

TIME: ACCESS TO FACILITY IS NEEDED, INCLUDING SETUP/TEARDOWN _____
UNTIL_____ (Buildings are closed down at 10 PM. NO EXCEPTIONS)
ACTUAL TIME OF EVENT _____ UNTIL _____

SOUND/ LIGHTING TECH/ REQUESTED: _____

GROUP TYPE: A: _____. B: _____. C: _____. D: _____ E: _____. F: _____ GKD (LOCAL)

**TYPES OF GROUPS PERMITTED** GKD (Local)

- **Group A: School-Affiliated, Youth-Oriented, Nonprofit Groups**.
- **Group B: Non-School-Affiliated, Youth-Oriented (Ages 17 And Below), Nonprofit Groups.**
- **Group C: Non-Youth-Oriented, Nonprofit Groups.**
- **Group D: Non-School-Affiliated, Youth-Oriented Groups, Non-Profit-Midcities Youth Activities Group**
- **Group E: Other School Districts And Educational Entities.**
- **Group F: For-Profit Organizations.**

The undersigned hereby agrees to have read the policies and will comply with the school board policy, rules, and regulations pertaining to use of District facilities.

_____
Authorized Representative for Organization

_____
Mailing/Invoicing Address

_____
City Zip Code

_____
Phone Number

_____
E-Mail address

_____
Name (Please print)

**District Use Only:**

_____
Campus Representative

_____
HEB ISD Insurance & Contract Specialist

_____
Insurance Received

_____
Police Officer/s confirmed

_____
Date Approved