FACILITY RENTAL REQUEST FORM

Complete all required fields and submit at least 90 days before your event.

REQUEST INFORMATION

Date of Request (required): _____

Organization Requesting Facility (required): _____

CONTACT INFORMATION

Contact Name (required): _____

Title: _____

Email (required): _____

Phone (required): _____

Cell Phone: _____

ADDRESS

Street Address (required): _____

City (required): _____

State (required): _____

ZIP Code (required): _____

ORGANIZATION DETAILS

Organizational Purpose / Mission (required):

_____

Rental Status (select one):

☐ For Profit ☐ Non-Profit (501c) ☐ Church ☐ Other: _____

Previously rented from CFBISD? (required): ☐ Yes ☐ No

FACILITY REQUEST

Type of Facility Requested:

☐ Auditorium ☐ Cafeteria ☐ Gymnasium ☐ Field ☐ Other: _____

Campus or Location Requested (required): _____

EVENT DETAILS

Purpose and Type of Activity (required):

_____

Date of Event (required): _____

Start Time (required): _____

End Time (required): _____

ATTENDANCE

Children: _____ Youth: _____ Adults: _____

ADDITIONAL INFORMATION

Additional Setup Requests or Notes:

_____

_____

This application must be emailed to rentals@cfbisd.edu.