



PO Box 589/200 W. Bennett St. * Falfurrias, Texas 78355 * 361-325-8000 * www.bcisd.us

REQUEST FOR USE OF A BROOKS COUNTY I.S.D. FACILITY

Date: _____

Name of person or group making the request: _____

Phone #: _____ Email: _____

Activity that will be taking place: _____

Facility you are requesting to use: _____

Date(s), time, days of the week you are requesting to use facility:

I, _____, take full responsibility for the facility requested above. I shall be responsible for the cost of repairing any damage incurred during its use and I indemnify the District for the cost of any such repairs.

I acknowledge receipt and understanding of the district use policy and any administrative regulations applicable to the facility requested and acknowledge that the District is not liable for any personal injury or damages to personal property related to non-school use.

I agree to the following to:

1. Conduct business in an orderly manner.
2. Abide by all laws and policies, including but not limited to those prohibiting the use, sale, or possession of alcoholic beverages, illegal drugs, and firearms, and the use of tobacco products on school property. [See GKA]
3. Make no alteration, temporary or permanent, to school property without prior written consent from the Superintendent.
4. Provide any necessary documents as requested by BCISD administration.

I do agree to and acknowledge all the above: _____

Date: _____

Approved/Disapproved on _____

By designee and/or superintendent _____

**Submit form to Oscar Galindo, Operations Director at ogalindo@bcisd.us
A REQUEST FORM MUST BE SUBMITTED EVERY SCHOOL YEAR**