

Do not use this form to reserve Computer Carts or Computer Labs.

North Zulch ISD
Request for Usage of Facilities

Please fill in all blanks as requested:

1. Name of Organization or Individual requesting use of facilities:

2. Person in charge of event/activity:

Address City/State/Zip

Home Phone# Work Phone#

3. Facility Requested:

4. Date(s) Requested:

5. Purpose of event/activity:

6. Beginning Time: Ending Time:

7. Person Responsible for Security:

8. If a(n) NZISD employee(s) will be responsible for the facility, please list name(s):

Name(s):

9. If literature will be distributed, it must comply with District Policy GKD(LOCAL).

10. The North Zulch ISD, Board of Trustees, Administration and Faculty, are hereby released from any and all liability associated directly or indirectly with the event or activity indicated on this form. This release of liability includes personal injury and/or damages to personal property. By signing this form, you also confirm that you have read the "on-line" Facilities Usage document located on the home page of the District website.

Signature of Applicant Date:

Administrator Approval Date:

Fee: Facility Fee: Security Fee: Custodial

Kitchen Supervisor Total Fee: \$

Deposit Refunded: \$ Date of Refund: Initials