

RESERVATION OF SCHOOL FACILITIES
Eustace Independent School District

Date _____, 20__

Date Needed _____, 20__

Time _____ to _____

To: Principal _____

School _____

ALL REQUESTS MUST BE MADE AT LEAST ONE WEEK IN ADVANCE

Please make necessary arrangements for the use of school facilities checked below:

AUDITORIUM _____

CAFETORIUM _____

KITCHEN _____

GYMNASIUM _____

ATHL. FIELD _____

CLASSROOM _____

ORGANIZATION / PURPOSE: _____

INSURANCE LOSS-CONTROL STATEMENT:

It is agreed that the school district and its Board of Trustees will not be liable in any way for the injuries that may occur. And that this group will be responsible for any damage to the facilities or site incurred while being used, if the school administration determines it necessary.

****NO GLASS CONTAINERS! NO SMOKING****

Print Name

Signature

Address

Phone Number

The above request does not interfere with the educational program of this school and this request is hereby approved. The use of the necessary facilities for the above dates has also been scheduled.

Date _____

Principal _____ Ath. Dir. _____

Date _____

Maintenance Director _____

The above request is for the purpose permitted by the rules of the Board of Trustees and merits approval.

Date _____

Superintendent _____

Custodial _____

Fee _____

Utilities _____

Fee _____

Kitchen _____

Fee _____

Technician _____

Fee _____

Maintenance _____

Fee _____

Fill out in duplicate and turn both copies in to the Administration Office. One copy will be returned.