

**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.