

SANTA FE INDEPENDENT SCHOOL DISTRICT

FACILITY USE REQUEST

Date of Event _____

Group _____ Contact Person _____

School Sponsored _____ Non-School Sponsored _____ Profit _____ Non-Profit _____

Address _____ City _____ Zip _____

Telephone No: Work _____ Home _____

Facility Needed _____ Purpose _____

Health Permit (If food is being served, you must either hire a SFISD cafeteria employee or obtain the health Permit.)

Is one required? _____ Have you obtained a Health Permit? _____ (if yes, provide copy with this request)

DATE	TIME		PERSONNEL NEEDED		A/C	# OF TABLES	# OF CHAIRS	P/ A SYSTEM
	FROM	TO	CUSTODIAL	CAFETERIA				
SETUP INSTRUCTIONS								
TECHNOLOGY	WILL YOU NEED ACCESS TO THE INTERNET? _____ IF YES: WIFI _____ HARDWARE _____ BOTH _____ SOME WEBSITES ARE BLOCKED BY OUR FIREWALL. PLEASE PROVIDE COMPLETE URL OF ANY SITES YOU WILL NEED ACCESS TO _____ _____							

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REGULATIONS FOR BUILDING USAGE

MEETINGS HELD OUTSIDE OF THE DESIGNATED NIGHTS WILL BE ASSESSED A FEE.

ALL ACTIVITIES MUST BE COMPLETED, FACILITY CLEANED AND ALL PERSONS OUT OF BUILDING BY 9:00PM, UNLESS PRIOR ARRANGEMENTS HAVE BEEN APPROVED.

FEEES WILL BE ASSESSED FOR ALL EVENTS ON WEEKENDS, HOLIDAYS AND EVENTS NOT COMPLETED BY 9:00PM.

ANY AND ALL DAMAGES ARE THE RESPONSIBILITY OF THE USER.

SCHOOL SPONSORED BANQUETS HELD ON DESIGNATED MEETING NIGHTS, ENDING BY 8:30PM WILL NOT BE CHARGED A FEE.

LIABILITY INSURANCE IS REQUIRED FOR ALL NON SFISD GROUPS.

No SMOKING OR ALCOHOLIC BEVERAGES PERMITTED ON SCHOOL PREMISES.

No FOOD OR DRINK EXCEPT IN DESIGNATED AREAS.

DO NOT MOVE FURNITURE UNLESS PRIOR APPROVAL HAS BEEN OBTAINED FROM THE DIRECTOR OF MAINTENANCE & OPERATIONS. LEAVE BUILDING EXACTLY AS YOU FOUND IT.

VIOLATION OF BOARD POLICY OR THESE REGULATIONS MAY MEAN YOUR PRIVILEGE TO USE THE FACILITY MAY BE REVOKED.

I agree to follow the rules and regulations set forth by the Santa Fe Independent School District as stated. I will pay for any damage to equipment or facilities. I understand that **failure to comply with these rules and regulations will result in the termination of my group's privilege to use the facilities of Santa Fe Independent School District.**

Note: When Request for Use of Facilities Form is approved payment is due at the office of **the Director of Operations.**

GROUP CONTACT:	_____	DATE	_____
BLDG. PRINCIPAL:	_____	DATE	_____
ATHLETIC DIRECTOR:	_____	DATE	_____
THEATRE DIRECTOR:	_____	DATE	_____
CHILD NUTRICIAN DIRECTOR	_____	DATE	_____
MAINT & OPS DIRECTOR:	_____	DATE	_____
SUPERINTENDENT:	_____	DATE	_____

APPROVED

NOT APPROVED