

# REQUEST FOR USE OF TEXAS CITY I.S.D. SCHOOL FACILITIES

Updated: 4/2/2018

**NOTE:** This is a request for use of TCISD facilities. Final approval or disapproval is based on availability of requested facilities. Final cost factors involved to the school district may include facility cost such as lights, air and heat. Personnel cost may include custodial care and security when deemed necessary for the care and protection of TCISD property and facility.

Date(s) of activity: \_\_\_\_\_ Time: Begin \_\_\_\_\_ (a.m.)(p.m.)

Day(s) of activity: \_\_\_\_\_ End \_\_\_\_\_ (a.m.)(p.m.)

Name of club or organization requesting facility use: \_\_\_\_\_

Description of activity requested: \_\_\_\_\_

Location/Area/Campus Name: \_\_\_\_\_

Approximate number of people to be involved: \_\_\_\_\_

Will Food be served or sold? (circle one) YES / NO (May need to contact food service for permit)

Special Request: Heat \_\_\_\_\_ Air \_\_\_\_\_ Microphone \_\_\_\_\_ AV \_\_\_\_\_ Security \_\_\_\_\_

Parking Lot(s) \_\_\_\_\_ School Auditoriums – Lights & Sound \_\_\_\_\_

Other (Tents, tables, chairs) – Specifics \_\_\_\_\_

After Hours: (After 3:00 p.m. school days, weekends, school holidays and summer time.)

Air Conditioning/Heat Begin: \_\_\_\_\_ (a.m.)(p.m.) End: \_\_\_\_\_ (a.m.)(p.m.)

I have read and agree to follow the TCISD policies regarding the care and use of the facilities requested.  
(Supplied by Facilitator) Please fill out information below as the requesting sponsor of this activity.

Printed Name of Sponsor

Signature of Requesting Sponsor

Contact Phone Number(s)

## ROUTING PATH

### 1. CAMPUS:

Date \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Campus Principal

### 2. ATHLETICS:

Date \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
For any La Marque Athletic Facility ---- La Marque Athletic Coordinator

Date \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
TCISD Athletic Administrator

### 3. NUTRITION SERVICES:

Date \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Nutrition Services Director

### 4. MAINTENANCE:

Date \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Maintenance Director

All departments must be notified if above activity is cancelled.

Any changes to the above activity requires this form to be resubmitted for new approval or disapproval.