

**ANTHONY INDEPENDENT SCHOOL DISTRICT
FACILITY USE AND AUTHORIZATION**

Application # _____

Organization Request use of Facility: _____

Address: _____ Applicant Name: _____

Phone Number: _____ E-mail: _____

Date Submitted: _____ Relation to the Organization: _____

Proposed use of Facility (Give Details): _____

Requested Date and Time: (NOTE: APPLICATION MUST BE SUBMITTED 2 WEEKS PRIOR TO DATE OF THE EVENT)

From Date: _____ To Date: _____ Event Time From/To: _____

Day(s): _____ Day(s) : _____

Setup begin Time: _____ Breakdown End Time: _____

Facility Requested:

- | | | |
|---|--|--|
| <input type="checkbox"/> HS Auditorium | <input type="checkbox"/> HS GYM | <input type="checkbox"/> HS Football Field |
| <input type="checkbox"/> Practice Field | <input type="checkbox"/> Softball Field | <input type="checkbox"/> MS Cafeteria |
| <input type="checkbox"/> MS GYM | <input type="checkbox"/> Elementary Playground | <input type="checkbox"/> ELEM Cafeteria |
| <input type="checkbox"/> Restrooms: _____ | <input type="checkbox"/> Classroom: _____ | |

Set up arrangements: ___ Tables ___ Chairs ___ Podium other: _____

Applicant's Signature Date

Site Administrator's Signature Date

The applicant, by signing this Request Form, acknowledges that he/she has been provided with, understand and agree to comply with AISD's building Usage Guidelines as illustrated in GKD; Usage-Buildings and Grounds.

FOR OFFICIAL USE ONLY:

APPROVE: _____
(initials)

Disapproved: _____
(initials)

Site Administrator: _____

Date: _____

Facilities Manager: _____

Date: _____

Facility use Fees:

Base use fee (Rate x # hours): \$ _____
Utility Fee: \$ _____
Custodial Fee(Rate x # hrs.): \$ _____
Technician Fee(Rate x # hrs.): \$ _____
Security Fee: \$ _____
Other: \$ _____
Totals: \$ _____

Insurance/Bond/Security:

General Liability Required
Performance Bond Required