



1319 West Eight Street P.O. Box 2035 Tyler, TX 75710 (903) 262.1000

Application for Use of School Facilities

To reserve school facilities, complete this form and return to the address above to the attention of Facility Rentals. **A ten (10) day processing time is required from the date the application is received by the Facility Rental Office.**

_____ School Campus Requested _____ Room (s) _____ Day (s) of Week _____ Date (s) of Use

_____ Organization Making Request _____ Actual Times of Event (Beginning & Ending) _____ Access Time for Set-up

Estimated number to attend event. _____ Set up time required? _____

What is the purpose of the event being planned? (Be specific) _____

Indicate equipment, furniture, or special arrangements to be supplied by the school

<input type="checkbox"/> None Need	<input type="checkbox"/> Head Table	<input type="checkbox"/> Flags	<input type="checkbox"/> Overhead	<input type="checkbox"/> Stage Lights	<input type="checkbox"/> * Kitchen
<input type="checkbox"/> Restrooms	<input type="checkbox"/> Serving Table	<input type="checkbox"/> Podium	<input type="checkbox"/> Screen	<input type="checkbox"/> Stage Sound	<input type="checkbox"/> * Kitchen Supervision
<input type="checkbox"/> HVAC	<input type="checkbox"/> No. of Chairs	<input type="checkbox"/> Microphone	<input type="checkbox"/> Piano	<input type="checkbox"/> *Light Technician	<input type="checkbox"/> * Catering
<input type="checkbox"/> Electricity	<input type="checkbox"/> No. of Tables	<input type="checkbox"/> TV	<input type="checkbox"/> Risers	<input type="checkbox"/> *Sound Technician	<input type="checkbox"/> Other

All items listed may not be available at all facilities. **Will food or snacks be served? Yes ___ NO ___**
Moved furniture items may require additional fees. **Items listed in red require additional fees.**
NO FOOD OR DRINKS ALLOWED IN DAVIDSON ROOM

If special arrangements are needed, attach detailed notes and or diagram of set-up. Not all special arrangements will be granted.

We agree to abide by the policies of the Tyler I.S.D. Board of Education and guidelines for Use of school facilities as set forth by the Tyler I.S.D. administration. We further agree to be responsible for all damages to the property and to provide proper supervision of activities sponsored by our organization. We also agree should a change or cancellation occur the District will be notified within 48 hours preceding the event. Non-profit organizations must provide proof of non-profit status along with this application. Fees are to be paid by cash, money order, or cashier check made payable to T.I.S.D. Facility Rentals and delivered or mailed to the address above. If mailed, address envelope to TISD Facility Rentals to the attention of the TISD representative. When received you will be given a receipt for payment. I have read all of the above.

The following person is the official representative our organization:

_____ Signature _____ Title _____ Contact Telephone Numbers

_____ Name of Organization _____ Mailing Address/P.O. Box City, State, Zip

FOR SCHOOL USE ONLY

Rental Fees: _____	Date Application Received: _____
Utility Fees: _____	Date Guidelines Presented: _____
Setup/Cleaning Fee: _____	Date Revised/Confirmed: _____
Any additional Fees _____	Date Fee Paid: _____
Total Fees: _____	

School Personnel notified: _____

APPROVED BY: _____ DATE: _____