



District Use
Date Received: _____
Date notified: _____
<input type="checkbox"/> Deposit (Date: _____)
<input type="checkbox"/> Fees (Date: _____)

**Grand Saline Independent School District
REQUEST FOR USE OF DESIGNATED FACILITIES**

Submit your request to the Superintendent's office for consideration.

The District permits nonschool use of designated District facilities when these activities do not conflict with school use or Board policy.

Contact person _____ Phone number _____

Email address _____ Alternate phone _____

Group or organization _____
 Profit
 Non- profit

Address _____
street *city/state* *zip code*

Space requested _____

Date(s) requested _____ Time(s) requested _____ to _____
Times requested must include set-up and clean-up.

Type of activity _____

- Will the primary participants in this activity/event be school-aged children that live in GSISD? Yes No
- Will food be served or consumed? Yes No
- Will any products or concessions be sold? Yes No
- Is this a fee based activity or will you be charging admission? Yes No

Additional request(s) (chairs, tables, etc.) _____

Adult in charge _____ *(Must remain with the group the entire scheduled rental time)*

Cell phone of adult in charge _____

You must include a signed Facility Use Agreement (next page) with this form or your request will be denied.