

Request for Community Use of District Facilities

Northside Independent School District

Organization Information:

Name of Requesting Organization: _____

Non-Profit _____ Profit _____ Liability Insurance Yes _____ No _____

(Please submit a copy of the organization's current insurance policy with this request (required). If the policy expires before the event, an updated copy of the policy will need to be provided.)

Responsible Party Information:

Name and Title of Responsible Party:

Primary Phone _____ Other Phone _____

Address _____ City _____ Zip _____

Event Details:

Site Requested: _____ **Facility:** _____

Please describe the nature of the activity - (e.g. practice, games, workshops, etc.)

Age group of participants: _____ Estimate Number of Participants: _____

Does this activity serve current NISD students? _____ Approximate percentage of NISD students? _____

Estimated number of teams (if applicable): _____ Is this a fundraiser?: _____

Please note any special requests, additional needs (ex. scoreboards, security, restrooms, special lighting, audio, etc.)

Please specify dates and times below. Include set-up and clean-up.

Start Date

End Date

Additional Comments

Day of the Week

Start Time

End Time

Additional Comments

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

APPLICATION MUST BE INITIATED AT LEAST 2 WEEKS PRIOR TO THE DATE(S) REQUESTED. **Date of Request:** _____

For NISD Office Use Only: