

**Request for Community Use of District Facilities**  
**Northside Independent School District**

Name of Organization \_\_\_\_\_ Today's Date \_\_\_\_\_

Authorized person making application: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Non-Profit \_\_\_\_\_ Profit \_\_\_\_\_ Liability Insurance Yes \_\_\_\_\_ No \_\_\_\_\_  
(A copy of insurance policy is required. Please submit.)

**Signature of Organization Representative** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Requested Information**

Date(s): \_\_\_\_\_

Site Requested: \_\_\_\_\_ Facility \_\_\_\_\_

Age Group: \_\_\_\_\_ Estimated # of Participants/Teams \_\_\_\_\_

Day(s) of the week requested: \_\_\_\_\_  
Time(s): (Must include Set-up and Clean-up Time) From \_\_\_\_\_ to \_\_\_\_\_

**Total Rental Hours** \_\_\_\_\_

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

Does this activity serve current NISD students? \_\_\_\_\_ Approximate percentage of NISD students? \_\_\_\_\_

Date(s)	Additional Set Up/Special Needs (ex.-scoreboards, security)	Day(s)	Time(s)

**APPLICATION MUST BE INITIATED AT LEAST 2 WEEKS PRIOR TO THE DATE(S) REQUESTED.**