

**REQUEST FOR NON-SCHOOL USE OF DISTRICT FACILITIES
EAST CHAMBERS ISD**

Name of Organization _____ Today's Date _____

Authorized person making application: _____

Office/Home phone _____ Cell 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) _____

Facility requested (please circle your choice)

High School Gymnasium

Professional Development Center

High School Auditorium

Elementary Cafetorium

Football Stadium/Track

Day(s) of the week requested: _____

Time(s): (Please include all Set-up and Clean-up times) From _____ to _____

Total Rental Hours _____

Please describe the nature of the activity

Please list any special needs regarding the rental of the facility (ex. – special lighting and or sound, scoreboards, etc.)

Application must be initiated at least 10 days prior to the date(s) requested.