



# Request for Use of Facilities Form

Allow a minimum of 15 working days for processing and submit this form and the *Release of Liability Agreement* to the appropriate campus principal for approval.

<b>Group*</b>	Group/Organization: _____ Purpose: _____ Status: <input type="checkbox"/> Non Profit (Attach Documentation) <input type="checkbox"/> Profit					
	Contact Person: _____		Phone(s): _____			
Address: _____		Email: _____				
<b>Facility*</b>	<input type="checkbox"/> EHS <input type="checkbox"/> EMS <input type="checkbox"/> BTW ES <input type="checkbox"/> Elgin Elem-South <input type="checkbox"/> Elgin Elem-North <input type="checkbox"/> Neidig ES <input type="checkbox"/> Other: _____ <input type="checkbox"/> Administration Building (Please Circle One: Training Room / Auditorium / Conference Room-Upstairs or Downstairs)					
	Start Date: _____ End Date: _____ Day(s) of the Week: _____					
	Space Requested: _____ Start Time: _____ End Time: _____					
	Kitchen Facilities: <input type="checkbox"/> No <input type="checkbox"/> Yes (Requires Food Service Personnel: \$12 Per Hour, Per Person)					
	Number of Rooms: _____ Number of Chairs: _____ Number of Tables: _____ Estimated Attendance: _____					
	Clean up will be done by: <input type="checkbox"/> Group/Organization <b>or</b> <input type="checkbox"/> Elgin ISD Personnel (\$12 Per Hour, Per Person) Security will be provided by: <input type="checkbox"/> Group/Organization <b>or</b> <input type="checkbox"/> Elgin ISD Personnel (\$12 Per Hour, Per Person)					
<b>Cost Estimate*</b>	<b>Base Operations Fee</b>	<b>Type of Personnel</b>	<b>Number of Personnel</b>	<b>Personnel Costs</b>		
	Facility Hourly Rate = \$ _____	<input type="checkbox"/> Custodial	_____	Number of Personnel _____		
	X Hours Used = _____	<input type="checkbox"/> Food Service	_____	X \$12 Per Hour = \$ _____		
	Total Fee = \$ _____	<input type="checkbox"/> Athletic	_____	X # of Hours = \$ _____		
X Number of Days = _____		Total=\$ _____				
Organizational Athletic Group Fee: Number of Participants _____ x \$5.00 = \$ _____						
<b>Approvals*</b>	I agree to follow the rules and regulations set forth in the <i>Elgin Independent School District Facilities Use Policy and General Guidelines</i> . I will pay for any missing equipment or damage to equipment, furniture, or facilities. I understand that failure to comply with these rules and regulations will result in termination of my group's privilege to use the facilities of the Elgin Independent School District. For approval status, contact Support Services at 285-9204. <b>Note: Usage fee payment and \$50 refundable deposit are due when the Request for Use of Facilities Form is processed by the Support Services Department or Community Education Office. Exceptions are allowed only if approved by the Superintendent.</b>					
	Signature of Group Contact Person: _____			Date: _____		
	Signature of Building Principal: _____			Date: _____		
	Signature of Athletic Director/Food Service Director: _____			Date: _____		
	Signature of Superintendent: _____			Date: _____		
<b>Superintendent's Comments:</b>						
<b>To Be Completed By Elgin ISD Support Services</b>						
Deposit Received By: _____		Date: _____	Receipt #: _____	Usage Fee Received By: _____	Date: _____	Receipt #: _____
Put on District Calendar By: _____		Date: _____	Put on Facility Calendar By: _____		Date: _____	

\*These sections are to be completed by the individual submitting the request.