



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.

Group	Group/Organization: _____ Purpose: _____ Status: <input type="checkbox"/> Non Profit (Attach Documentation) <input type="checkbox"/> Profit Contact Person: _____ Phone(s): _____ Address: _____ Email: _____				
Facility	<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: _____ 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 or <input type="checkbox"/> Elgin ISD Personnel (\$12 Per Hour, Per Person) Security will be provided by: <input type="checkbox"/> Group/Organization or <input type="checkbox"/> Elgin ISD Personnel (\$12 Per Hour, Per Person)				
Approvals	<p>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 281-5751. 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. Exceptions are allowed only if approved by the Superintendent.</p> Signature of Group Contact Person: _____ Date: _____ Signature of Building Principal: _____ Date: _____ Signature of Athletic Director/Food Service Director: _____ Date: _____ Signature of Superintendent: _____ Date: _____				
To Be Completed By Elgin ISD Support Services					
Costs	Base Operations Fee	Type of Personnel	Number of Personnel	Personnel Costs	Total Usage Fee
	Facility Hourly Rate = \$ _____ X Hours Used = _____ Total Fee = \$ _____ X Number of Days = _____	<input type="checkbox"/> Custodial <input type="checkbox"/> Food Service <input type="checkbox"/> Athletic	_____ _____ _____	Number of Personnel _____ X \$12 Per Hour = \$ _____ X # of Hours = \$ _____	Operations Fee= \$ _____ Personnel Cost=\$ _____ Total=\$ _____
Deposit Received By: _____ Date: _____ Receipt #: _____ Usage Fee Received By: _____ Date: _____ Receipt #: _____ Put on District Calendar By: _____ Date: _____ Put on Facility Calendar By: _____ Date: _____					