

La Porte Independent School District

APPLICATION FOR PERMISSION TO USE SCHOOL FACILITIES

DATE _____ NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

CITY _____ STATE _____ ZIP _____

BUILDING DESIRED _____ AREA OF BUILDING _____

DATE DESIRED _____ RATE PER HOUR _____

BETWEEN WHAT HOURS WILL THE BUILDING BE USED _____

TYPE OF ACTIVITY OR ENTERTAINMENT TO BE PRESENTED. GIVE DETAILS _____

WILL ADMISSION BE CHARGED _____ PRICE OF ADMISSION _____

FOR WHAT IMMEDIATE PURPOSE WILL THE PROCEEDS BE USED _____

IF AN ORGANIZATION GIVE NAME AND ADDRESS OF PRESIDENT, SECRETARY AND TREASURER

LIABILITY INSURANCE COMPANY AND POLICY NUMBER _____

AUTHORIZED PERSONNEL
Responsible for being on campus at all times during
Usage

SIGNATURE OF APPLICANT

TELEPHONE NUMBER

APPROVED _____ REJECTED _____

PRINCIPAL, DESIGNEE OR BUILDING DIRECTOR

EXECUTIVE DIRECTOR OF OPERATIONS

DATE _____

DATE _____