

Point Isabel Independent School District



Request to Use School Facilities

NAME OF ORGANIZATION: _____

Contact Person: _____

Address: _____

Phone No. _____

Facility Requested: (Please be Specific) _____

To be used for what purpose: _____

Campus: _____

Date Requesting the use of facility: _____

Time (am/pm) Requesting use of facility: _____

Number of People Expected: _____

Equipment/Furniture Needed: _____

Rental Fee: _____

