

San Isidro ISD

Facility Request

(Auditorium-Cafeteria-Classrooms-Gym-Library)

Requested Date: _____ / _____ / _____ Time: _____(am/pm) to _____(am/pm)
(Day of wk) M D Y start time end time

Actual start time of event: _____ am/pm

Name of Event: _____ # of people expected: _____

Contact Person: _____ Cell #: (____) _____

Email Address: _____ Work #: (____) _____

FACILITIES REQUESTED:

- _____ Auditorium
- _____ Cafeteria (kitchen not available)
- _____ Classrooms (List of Room #s _____)
- _____ Gym
- _____ Library
- _____ Other _____

OTHER REQUESTS:

- _____ Air Condition ONLY for hours outside of regular school day.
- _____ Table (# needed _____)
- _____ Chairs (# needed _____)
- _____ AV Request
- _____ Security
- _____ Custodian → Note: fees apply on weekends, holidays & summer months.

FOR OFFICE USE ONLY:

(Return completed forms to Principal's Office)

APPROVED DENIED

Lori Moore or Campus Designee

Date