



**EAGLE MOUNTAIN
SAGINAW ISD**
Fostering a Culture of Excellence

FACILITY USE APPLICATION FORM

Please complete the requested information in the spaces provided below and return to:

Eagle Mountain-Saginaw ISD
Attn: Brandon Jordan
10201 Warehouse Way
Fort Worth, TX 76179

Company/Organization Name: _____

Contact Person: _____

Address: _____

Phone: _____ **FAX:** _____

Email address: _____

Facility/Campus Requested: _____

Licensed Area Requested: Cafeteria Gymnasium Auditorium Lecture Hall
Other Area *(refer to fee schedule)* _____

Date(s) Requested: _____ **Estimated Attendance:** _____

Start Time: *(including set-up if applicable):* _____ **End Time:** *(including break-down if applicable):* _____

Special Set-Up Instructions: _____

Additional Information: *(Please describe your purpose in renting the facility)* _____

Applicant agrees and understands that its use of the District facility listed above will be subject to the terms and conditions attached to this application and that use of any District facility is subject to the District's Policies GKD (Legal) and (Local), the District's GKD Regulation and the District's Facility Use Guidelines.

Signature: _____ **Date:** _____

OFFICE USE ONLY

Approved

Amount owed: _____

Proof of Insurance Submitted