



**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  Kitchen  Auditorium  Lecture Hall  Library  
 Gymnasium  Other (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  Denied

Amount owed: \_\_\_\_\_  Proof of Insurance Submitted

User will not be charged