



# CANUTILLO INDEPENDENT SCHOOL DISTRICT FACILITIES REQUEST FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Organization (include specific sport if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

**Please indicate what you are requesting:**

Date(s): \_\_\_\_\_ Times: From \_\_\_\_\_ To \_\_\_\_\_

Type of facility requested: \_\_\_\_\_ Preferred Locations/Campuses: \_\_\_\_\_

Purpose for use of facilities: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Percentage of Participants CISD students/taxpayers (required): \_\_\_\_\_

*{Programs with higher CISD participation receive full priority scheduling until 21 calendar days prior to initial event. Other groups may be canceled/rescheduled in fulfillment of requirement prior to the 21-day deadline. Further, CISD retains the right to cancel any group at any time per Superintendent and/or Board action regarding this CISD participation priority guideline.}*

Food be sold: Yes \_\_\_ No \_\_\_ Entry Fee for this event: Yes \_\_\_ No \_\_\_

*If selling food during the event, a City of El Paso Public Food Establishment Permit must be provided to the associate superintendent's office five (5) business days prior to the event.*

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I have read the Rules/Regulations for use of Canutillo ISD building facilities and I will abide by these rules/regulations. I assume responsibility for the proper care of these facilities.

\_\_\_\_\_  
Applicant signature Title Date

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Approved by Principal or Designee	Title	Date
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Custodial Services ___Y___N	Utilities ___Y___N	Security ___Y___N
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*Approval Signature/Title if Custodial Services etc Waived:*

Facilities & Trans. Division – Campus/Facility Lead Custodian Signature	Date
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Resources/Compliance Supervisor Signature	Date
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CFO Approval Signature	Date
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Comments: \_\_\_\_\_