



## Application for Facility Usage

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Name of Applicant

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Date of Application\*

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Name of Organization

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Address

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Email Address

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Cell Phone Number

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Requested Date(s)

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Requested Time(s)

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Requested Campus/Building/Facility

List all Areas or Rooms: *(Note: Be specific; access will be allowed only to areas requested on the application and included in the Facility Usage Agreement.)*

Description of program or activity to be conducted *(Note: Please include primary purpose of meeting or activity, key sponsors or participants, expected number of attendees, etc.):*

Are you a non-profit 501(c)(3) organization?  Yes  No Tax ID# \_\_\_\_\_

By my signature below, I affirm that I have been provided a copy of the Facility Usage Guidelines and do hereby agree to adhere to all provisions, as there in specified.

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Printed Name of Applicant

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Applicant Signature

Submit completed application to [CISDFacilityUsage@crosbyisd.org](mailto:CISDFacilityUsage@crosbyisd.org).

*\*Application must be received no less than 30 calendar days before date of event and no more than one year in advance.*

FOR ADMINISTRATIVE USE ONLY

CHS Theatre Director (Performing Arts Center)	_____	<input type="checkbox"/> Approve <input type="checkbox"/> Refuse
	SIGNATURE	
Director of Maintenance (Non-Athletic Facilities)	_____	<input type="checkbox"/> Approve <input type="checkbox"/> Refuse
	SIGNATURE	
Athletic Director (Athletic Facilities)	_____	<input type="checkbox"/> Approve <input type="checkbox"/> Refuse
	SIGNATURE	
Campus Principal	_____	<input type="checkbox"/> Approve <input type="checkbox"/> Refuse
	SIGNATURE	
Executive Director of Operations	_____	<input type="checkbox"/> Approve <input type="checkbox"/> Refuse
	SIGNATURE	
Chief Financial Officer	_____	<input type="checkbox"/> Approve <input type="checkbox"/> Refuse
	SIGNATURE	

Additional Requirements (as Checked) for FINAL Approval:

- Proof of Non-Profit Status
- Certificate of Insurance for General Liability Coverage

Calculation of Estimated Fees and Labor Charges (Note: See Facility Usage Guidelines for additional fees and/or labor charges, including added custodial time needed and condition of facilities upon exit):

Rental Fees	\$ _____
Labor Charges:	
• District Supervisor	\$ _____
• Security Officer(s)	\$ _____
• Custodial Personnel	\$ _____
• _____	\$ _____
• _____	\$ _____
• _____	\$ _____
• _____	\$ _____
• _____	\$ _____
SUBTOTAL	\$ _____
Deposit	\$ _____
	(Greater of \$200 or 10% of Rental Fees)
TOTAL DUE	\$ _____

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**FINAL APPROVAL**

Application Approved

Application Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

Reason for Denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_