GISD

OFFICE USE ONLY
Control Number: _____
Date Received: _____

Event Request Application

In order for us to provide you with the best possible service, please complete this application and return it to the *Office of School Facilities, P.O. Box 469026, Garland, Texas 75046-9026.*

REQUIREMENT: Application must be received 30 days prior to first event date.

Group: _____
Name of Organization

Contact Person's Name: _____ E-mail Address: _____
Contact Person Must Be Present for Each Event

Phone: (Work) _____ (Home) _____ (Fax) _____

(Cell) _____ (Page) _____ (Other) _____

Contact Person's Address: _____

City, State, Zip: _____

Campus Requested: _____

Request Status: ☐ New ☐ Add ☐ Change ☐ Cancel

DATE	ENTRY TIME	EVENT START TIME	EVENT END TIME	EXIT TIME	ESTIMATED ATTENDANCE	EVENT DESCRIPTION	AREA(S) IN BUILDING
Example: 9/25/2016	***5:30 p.m.***	***7:00 p.m.***	***9:00 p.m.***	***9:15 p.m.***	***250***	***Association Meeting***	***Cafeteria***

(Use additional pages, if needed)

Heat/air-conditioning requested? ☐ Yes ☐ No ***NOTE****: Additional fees may apply.*
If leasing an auditorium or gymnasium, additional information is required.

Send completed application to:

OFFICE OF SCHOOL FACILITY LEASING
P.O. BOX 469026
GARLAND, TEXAS 75046-9026