

Activity/Facility Approval Form

(Please Print or Type)

Requested Activity: _____

Name of Sponsor/Teacher: _____ Contact Number: _____

Date(s) Requested: _____

Specific Time Requested (Start Time – End Time): _____

Specific Time of Performance: _____

Number of Hours Requested (Circle One): 3 5 6 8 All Day

During school day After school On weekend or non-school day

Have you checked campus and district calendars for possible conflicts? Yes No

Has a fundraiser request been submitted and approved? Yes No

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| <p>FACILITY USAGE</p> <p>What facility are you requesting? <input type="checkbox"/> None Needed</p> <hr/> <p>Check Appropriate Boxes</p> <p><input type="checkbox"/> Security <input type="checkbox"/> AV Equipment</p> <p><input type="checkbox"/> Custodial Services <input type="checkbox"/> Technology Services</p> <p><input type="checkbox"/> Microphone/Sound <input type="checkbox"/> Wi-Fi</p> <p><input type="checkbox"/> AC/Heat <input type="checkbox"/> Room Set-Up</p> <p>Other Equipment/Materials _____</p> <hr/> <p>COMMENTS: _____</p> <hr/> <hr/> <hr/> <hr/> | <p>Person Submitting Request (Signature) _____ Date _____</p> <p>Funding Source:</p> <p>•Student Activity Fund: _____</p> <p>•District Acct. Number: _____</p> <p>•Group: _____</p> <p>•Other: _____</p> <hr/> <p>APPROVAL</p> <p>Principal/Supervisor _____ Date _____</p> <p>Calendar Coordinator _____ Date _____</p> <p>Central Office Administrator _____ Date _____</p> <p>Facility Fee \$ _____ (Determined by Central Office) Make payment to: Tuloso-Midway ISD, att. Finance Dept, PO Box 10900, Corpus Christi 78460-0900</p> |
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NOTE: *NO* activity/facility is considered approved, or facility reserved and placed on the District's Calendar until this form is completed and returned signed by the Central Office.
 White: Central Office Yellow: Sponsor Pink: Principal Gold: Maintenance