

COMPLETE AND RETURN FORMS TO LOCATION APPLYING FOR USE.

- Application is not approved until final confirmation from the Accountability & Student Achievement Office, 915.926.4051.
- Upon approval, this application will serve as the permit and must be made available for review upon request during facility use. Groups failing to produce this permit will be asked to leave the premise immediately.
- Visit www.clintweb.net for additional information, including the facility usage guidelines and Schedule fees.

FOR OFFICE USE ONLY

Date Submitted: _____ Campus Staff Initials: _____

Level I Sign-off: Campus Administrator

APPROVED: _____ DECLINE: _____

Adm. Signature: _____

Level II Sign-off: Superintendent

APPROVED: _____ DECLINE: _____

Supt. Signature: _____

TOTAL ESTIMATE FEES: _____

Applicant's Name:	
Organization/Group/Sponsor Names:	
Street Address:	
City:	State: Zip Code:
Cell Phone:	Alternative Number:
Email:	Secondary Email:
Your GROUP classification {refer to facility usage user group descriptions/criteria to determine your group.	
GROUP 1 <input type="checkbox"/>	GROUP 2 <input type="checkbox"/> GROUP 3 <input type="checkbox"/> GROUP 4 <input type="checkbox"/>
Activity/Event Title:	
Location (Name of school):	
Date(s) Requested (Be Specific):	
Days(s) (PLEASE CIRCLE): Sunday Monday Tuesday Wednesday Thursday Friday Saturday	
Start Time of Activity/Event:	End Time of Activity/Event:
Will the public be admitted? Y <input type="checkbox"/> N <input type="checkbox"/>	Expected Attendance:
Will a fee be charged for admission? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, admission charge: \$
Is this event a fundraising activity? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, explain
Is this a commercial (for-profit) event? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, explain
Does the Activity serve current Clint ISD students? Y <input type="checkbox"/> N <input type="checkbox"/>	Percentage of Clint ISD Students: _____%
EXTERNAL SPACE REQUESTED: Stadium: _____ Football Practice Field: _____ Track: _____ Tennis Courts: _____ Baseball Field: _____ Softball Field: _____ Baseball Practice Field: _____ Parking Lot: _____ Lights (if available): _____	INTERIOR SPACE REQUESTED: Library: _____ Library Meeting Room: _____ Large Gym: _____ Small Gym: _____ Other: _____ _____
Items that must be submitted 14 days prior to activity or event:	
<ul style="list-style-type: none"> • Completed & signed Facilities Usage Guideline Packet (i.e. Acceptance & Acknowledgement of Clint ISD Facility Usage Guideline Manual, Release of Liability, and Application). • A current insurance certificate with District insurance requirements. • A deposit of \$250.00 (cashier's check) or \$500 (long-term rental), see fee schedule. • All 501(c) 3 non-profit entities shall provide a copy of their Letter of Determination from the IRS. • Roster of student participants, including each student's name, grade level and campus as needed for rate category. • Full payment no later than five (5) days prior to the event. 	
User hereby agrees to all of the terms and conditions of Clint ISD Facility Usage Guidelines. The undersigned warrants that he/she is an authorized representative of the Organization with authority to executive this Agreement and bin the Organization hereto.	
Signature: _____	Date: _____