

NORTHWEST INDEPENDENT SCHOOL DISTRICT

FACILITY USE RENTAL APPLICATION

INSTRUCTIONS: Please TYPE or PRINT the requested information in the spaces provided below. Application will be returned if any portion is incomplete. Please sign and return this form by mail, fax, or email to:

Northwest ISD
Attn: Support Services
P.O. Box 77070
Fort Worth, TX 76177-0070
817-215-0090

ORGANIZATION:

Name: _____

Address: _____

Phone: _____ FAX: _____ E-mail: _____

Commercial _____ Non-Profit _____ 501 C 3 _____ Other _____

CONTACT PERSON:

Name: _____

Address: _____

Daytime Phone: _____ Second Phone: _____

FAX: _____ E-mail: _____

FACILITY/SCHOOL REQUESTED: _____

Alternate: _____

AREA REQUESTED:

Cafeteria _____ Gym _____ Other _____

FUNCTION/ACTIVITY:

Purpose: _____

Requested Date: _____ Alternate Date: _____

Event Times: From: _____ To: _____ Estimated Attendance: _____

Additional time needed for set up/tear down? Yes _____ No _____ From: _____ To: _____

Will there be an admission charge? Yes _____ No _____ Amount per person: _____

ADDITIONAL REQUESTS:

Food Service or Concessions: Yes _____ No _____ Table/Chairs: Yes _____ No _____

Set Up Requirements: _____

Other: _____

SIGNATURE: _____ **DATE:** _____