Required Items per Request:

- 1. A completed Request for Community Use of District Facilities Form
- 2. A copy of your organization's current insurance policy. If the policy expires before the event, an updated copy of the policy will need to be provided.
- 3. Email both required documents to nisd.facilityrental@nisd.net.

Request for Community Use of District Facilities

Northside Independent School District

Organization Information:			
Name of Requ	uesting Organ	nization:	
Non-Profit	Profit	Liability Insurance	
Responsible 1	Party Inform	nation:	
Name and Titl	le of Respons	sible Party:	
Primary Phone	e	Other Phone_	
		City	
Event Details			
Site Requested:		Facility:	
•	·	e activity - (e.g. practice, game	
Age group of partic	cipants:	Estimate Number of Particip	pants:
	NICE		
Does this activity s	erve current NISD	students?Approximate perc	centage of NISD students?
-			_
Estimated number of	of teams (if applica	able): Is this a fundra	siser?:
Estimated number of	of teams (if applica		iser?:
Estimated number of	of teams (if applica	able): Is this a fundra	iser?:
Estimated number of	of teams (if applica	able): Is this a fundra	iser?:
Estimated number of Please note any spe	of teams (if applica ecial requests, addi	able): Is this a fundra tional needs (ex. scoreboards, security, rest	rooms, special lighting, audio, etc.)
Estimated number of Please note any spe	of teams (if applicate and times	below. Include set-up and cl	rooms, special lighting, audio, etc.)
Estimated number of Please note any spe	of teams (if applica ecial requests, addi	able): Is this a fundra tional needs (ex. scoreboards, security, rest	rooms, special lighting, audio, etc.)
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Estimated number of Please note any spe	of teams (if applicate and times	below. Include set-up and cl	rooms, special lighting, audio, etc.)
Estimated number of Please note any specific description of the Please specify description of the Please specify description of the Please specification of the Please spe	of teams (if applicated application applic	below. Include set-up and cl	rooms, special lighting, audio, etc.)
Please specify d Start Date Day of the Week Monday Tuesday	of teams (if applicated application applic	below. Include set-up and cl	rooms, special lighting, audio, etc.)
Please note any specific description of the Week Monday Tuesday Wednesday	of teams (if applicated application applic	below. Include set-up and cl	rooms, special lighting, audio, etc.)
Please specify d Start Date Day of the Week Monday Tuesday Wednesday Thursday	of teams (if applicated application applic	below. Include set-up and cl	rooms, special lighting, audio, etc.)
Please note any specific description of the Week Monday Tuesday Wednesday	of teams (if applicated application applic	below. Include set-up and cl	rooms, special lighting, audio, etc.)

Date of Request:

For NISD Office Use Only:

APPLICATION MUST BE INITIATED AT LEAST 2 WEEKS PRIOR TO THE DATE(S) REQUESTED.