



CANUTILLO INDEPENDENT SCHOOL DISTRICT FACILITIES REQUEST FORM

Name: _____

Address: _____ Email: _____

Telephone #: _____ Date of Application: _____

Organization: _____

Address: _____

Position of Applicant: _____

Indicate length of time you are planning to use facilities:

Date(s): _____ Time: From _____ To _____

Type of facility requested: _____ Location/campus: _____

Purpose for use of facilities: _____

Number of Participants: _____ Food be sold during the event: (circle one) Yes No

If selling food during the event, a City of El Paso Public Food Establishment Permit must be provided to the associate superintendent's office five (5) business days prior to the event.

I have read the Rules and Regulations for use of Canutillo ISD building facilities and I will abide by these rules and regulations. I further assure responsibility for the proper care of these facilities.

Applicant signature Title Date

Approved by Principal or Designee	Title	Date
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Custodial Services Required:

Facilities & Transportation Division - Lead Custodian Signature	Date
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Associate Superintendent's Approval	Date
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Comments:

