



CANUTILLO INDEPENDENT SCHOOL FACILITY USAGE FEE WAIVER FORM

Group Requesting Facilities (circle one):

Campus Group For-Profit Group Campus-Related Group Non-Profit Group City/County Group

Organization/Individual Requesting Facility:

Organization: _____

Name of Representative: _____

Address: _____

Telephone #: _____ Email address: _____

Event Information:

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

Building requested: _____ Location/Campus: _____

Purpose for use of facilities: _____

District Comments and Approval:

Associate Superintendent

Date