

**JOAQUIN ISD  
FACILITIES USE REQUEST FOR  
SCHOOL-RELATED EVENTS**

SCHOOL GROUP REQUESTING FACILITY: \_\_\_\_\_

EMPLOYEE RESPONSIBLE FOR EVENT: \_\_\_\_\_

DESCRIPTION OF EVENT: \_\_\_\_\_

BUILDING/FACILITY NEEDED: \_\_\_\_\_

DATE TO BE USED: \_\_\_\_\_

TIME TO BE USED: \_\_\_\_\_ AM/PM TO \_\_\_\_\_ AM/PM

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE



**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Principal

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Food Service Director

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Athletic Director

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Director of Curriculum/Instruction or Special Services Director

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
DATE

