Lancaster Independent School District – Facility Reservation Form

School Facility Reserved: _____

Area(s) Reserved: _____

Purpose for which facility or building is to be used:

_____

Contract Duration:
Start Date: _____/_____/_____ End Date: _____/_____/_____

Reoccurring Day (if applies): ___Sun. ___Mon. ___Tues. ___Wed. ___Thurs. ___Fri. ___Sat.

Building use time: _____ A.M. /P.M. to _____ A.M. /P.M.

Number in Attendance: (Approximate) _____

Custodial Staff Needed From: _____ A.M. To _____ A.M.
_____ P.M. _____ P.M.

Child Nutrition Staff Needed From: _____ A.M. To _____ A.M.
_____ P.M. _____ P.M.

Police Officer Needed From: _____ A.M. To _____ A.M.
_____ P.M. _____ P.M.

Will food be served: _____YES _____ NO

Equipment needed:
_____ P.A. System _____ Microphone – Number needed _____

_____ Podium _____ Tables – Number needed _____

_____ Projector/Screen _____ Chairs – Number needed _____

Other: _____

Person Responsible for Facility and/or Equipment: _____
Name

_____ _____ _____
Address Phone No. Email

_____ (Lessee) hereby agrees to indemnify and hold Lancaster ISD harmless from any and all loss or damage to the property and liability incurred by or imposed upon Lancaster ISD directly resulting from injury or death of any person appearing on or about the above mentioned premises directly or indirectly resulting from any negligence in connection with the use of said property and project.

Lancaster ISD reserves the right to cancel this contract at any time.

_____ _____
Campus Approval Date

_____ _____
Maintenance Approval Date

Lancaster ISD * Service Center * 1003 N. Dallas Avenue, Lancaster, TX 75146
Ph.: 972-218-1485 * Fax: 972-218-3042

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FOR OFFICE USE ONLY- Charges to be made as follows:

Building Fee –	*Hrs. Used:* _____	*Hourly Fee:* _____ = $ _____
Custodian Fee –	*Hrs. Used:* _____	*Hourly Fee:* _____ = $ _____
Child Nutrition Fee –	*Hrs. Used:* _____	*Hourly Fee:* _____ = $ _____
Police Dept. Fee –	*Hrs. Used:* _____	*Hourly Fee:* _____ = $ _____
Sound/Lighting Tech. Fee -	*Hrs. Used:* _____	*Hourly Fee:* _____ = $ _____

Total Charges: $ _____