

Robstown Independent School District
Cafeteria/Gym/Stadium/Classroom
Building Use Request Form

NAME _____ DATE _____

ADDRESS _____ CITY _____ PHONE _____

CAMPUS _____ BUILDING _____ PURPOSE _____

The use of the Cafeteria Kitchen will require the payment for a cafeteria manager and the use of that space. The kitchen shall not be open unless the Cafeteria Manager is present. One hour will be added automatically for custodial cleaning after the event.

DATE OF BUILDING USE _____ ACTUAL HOURS TO BE USED _____

NAME OF PERSON RESPONSIBLE _____

ADDRESS _____ CITY _____ PHONE _____

I am totally responsible and shall make good to the school district any damage caused to the building. I also acknowledge that the school district is not responsible for any injury during the course of the event.

SIGNATURE _____

AMOUNT TO BE PAID:

CUSTODIAN \$ _____

BUILDING USE \$ _____

ATHLETIC FACILITIES _____ \$ _____

KITCHEN USE \$ _____

CAFETERIA MANAGER \$ _____

TOTAL \$ _____

SIGNATURE OF CAMPUS PRINCIPAL _____ DATE _____

SIGNATURE OF ATHLETIC DIRECTOR _____ DATE _____

(Athletic Facilities only)

BUSINESS MANAGER APPROVAL _____ DATE _____

SUPERINTENDENT APPROVAL _____ DATE _____

COMMENTS _____

Building to be used for the following purpose _____
