

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:

ONE CUSTODIAN \$ \_\_\_\_\_

BUILDING USE \$ \_\_\_\_\_

KITCHEN USE \$ \_\_\_\_\_

CAFETERIA MANAGER \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

SIGNATURE OF CAMPUS PRINCIPAL \_\_\_\_\_ DATE \_\_\_\_\_

BUSINESS MANAGER APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

SUPERINTENDENT APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

Building to be used for the following purpose \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_