



OFFICE USE ONLY
 Control Number: _____
 Date Received: _____

Event Request Application

In order for us to provide you the best possible service, please complete this application and return as soon as possible to: Office of School Facilities, P.O. Box 469026, Garland, Texas 75046-9026.

REQUIREMENT: Application must be received 30 days prior to first event date.

Group: _____
Name of Organization

Contact Person's Name: _____ E-mail Address: _____
Contact Person Must Be Present for Each Event

Phone: (Work) _____ (Home) _____ (Fax) _____
 (Cell) _____ (Page) _____ (Other) _____

Contact Person's Address: _____

City, State, Zip: _____

Campus Requested: _____

Request Status: New Add Change Cancel

DATE	ENTRY TIME	EVENT START TIME	EVENT END TIME	EXIT TIME	ESTIMATED ATTENDANCE	EVENT DESCRIPTION	AREA(S) IN BUILDING
9/25/2006	5:30 p.m.	7:00 p.m.	9:00 p.m.	9:15 p.m.	250	Association Meeting	Cafeteria

(Use additional pages, if needed)

Heat/air-conditioning requested? Yes No **NOTE:** Additional fees may apply.

Send completed application to:
OFFICE OF SCHOOL FACILITIES
P.O. BOX 469026
GARLAND, TEXAS 75046-9026