



BROWNWOOD FACILITY USE REQUEST FORM

Thank you for your interest in hosting an event with Brownwood ISD. We ask that you please complete this facility use request form to begin the reservation process. Please note that all requests must be submitted at least 10 days prior to requested event date and this facility request does not guarantee space availability. Once completed, please email or fax to appropriate campus administrator. Once we have reviewed your request, we will contact you to confirm or discuss your event. Please allow 2-3 business days for a response.

Today's Date (Date Request Submitted): _____

CONTACT INFORMATION

Primary Event Contact: _____

Billing Address: _____ City: _____ St: _____ Zip: _____

Contact Phone#: _____ Fax #: _____ E-mail: _____

Sponsoring Org./Dept. (if applicable): _____ Short Code to be used (if applicable): _____

EVENT INFORMATION

Requested Event Date: _____ 2nd Choice Date (if applicable): _____

Event Name: _____

Event Start Time: _____ Event End Time: _____ Set-up Requested: Date: _____ Time: _____

Number of Guests/Attendees (Approx.) _____ Number of Parking Spaces Needed (Approx., if applicable) _____

Event Description: _____

Space(s) Requested: _____

Anticipated A/V Needs _____

OFFICE USE ONLY

Rental Charge Amount: _____ Due: _____ Received: _____

Deposit Amount: _____ Due: _____ Received: _____

Balance: _____

General Liability Insurance Due: _____ Received: _____

*Once completed, please email or fax to appropriate campus administrator.
Please allow 2-3 business days for a response.