

Goodrich ISD Facilities Usage Form



Requestor Name _____

Organization _____

Event _____

Date of Event _____

Time of Event _____

A/C or Heat required? ____YES ____NO Areas(s), Room #(s) to be used _____

Application must be submitted 2 weeks prior to event.

Requestor Signature _____ *Date* _____

Principal _____ *Date* _____

Superintendent _____ *Date* _____