



# CANUTILLO INDEPENDENT SCHOOL FACILITY USAGE FEE WAIVER FORM

**Group Requesting Facilities (circle one):**

Campus Group   For-Profit Group   Campus-Related Group   Non-Profit Group   City/County Group

**Organization/Individual Requesting Facility:**

Organization: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_      Email address: \_\_\_\_\_

**Event Information:**

Date(s): \_\_\_\_\_      Time: From \_\_\_\_\_ to \_\_\_\_\_

Building requested: \_\_\_\_\_      Location/Campus: \_\_\_\_\_

Purpose for use of facilities: \_\_\_\_\_

**Comments :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chief Financial Officer's Signature

\_\_\_\_\_  
Date