

APPLICATION/ FOR NON- SCHOOL USE OF SCHOOL FACILITIES

HURST EULESS BEDFORD INDEPENDENT SCHOOL DISTRICT
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DATE OF APPLICATION _____

NAME OF ORGANIZATION _____

TYPE OF ACTIVITY TO BE SCHEDULED _____

NAME OF CAMPUS REQUESTED _____ AREA(s) DESIRED _____

DAY(s)/DATE(s) DESIRED _____ APPROX. ATTENDANCE _____

TIME: REQUESTED SHUTDOWN _____

(Buildings are closed down at 10 PM. NO EXPECTATIONS)

OF EVENT _____ UNTIL _____

SOUND/ LIGHTING TECH/ REQUESTED: _____

GROUP TYPE: A: _____. B: _____. C: _____. D: _____. E: _____. F: _____ GKD (LOCAL)

TYPES OF GROUPS PERMITTED GKD (Local)