

**MATHIS INDEPENDENT SCHOOL DISTRICT**  
**Mr. Benny Hernandez, Superintendent of Schools**  
**602 E. SAN PATRICIO AVENUE**  
**MATHIS, TX 78368**  
**361-547-3378, Ext. 1002**

**MATHIS ISD BUILDING FACILITY RENTAL AGREEMENT REQUEST FORM**

*I understand that by filling out this application, Mathis ISD is not responsible for any accidents or injuries that occur during the utilization of the facility. Furthermore, I accept responsibility for lost or damaged items that may occur during our time of facility rental. I have also posted proof of insurance to cover any liabilities that may occur during our event. I understand the facility must be left in the same condition as I found it. There will be a charge to the organization/responsible person for any damages that occur to facilities or equipment.*

NAME OF ORGANIZATION: \_\_\_\_\_  
PURPOSE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ DATE OF EVENT: \_\_\_\_\_  
(Not less than 2 or more than 60 days advance notice) (Please attach list if multiple dates/sites)

TIME OF EVENT: From: \_\_\_\_\_ A.M. /P.M. To: \_\_\_\_\_ A.M. /P.M.

**FACILITY TO BE USED:**

Event Center Cafetorium: \_\_\_\_\_ Event Center Gymnasium\*: \_\_\_\_\_

Mathis Elementary Cafetorium: \_\_\_\_\_ Mathis Elementary Gymnasium\*: \_\_\_\_\_

Mathis Middle School Cafetorium: \_\_\_\_\_ Mathis Middle School Gymnasium\*: \_\_\_\_\_

Mathis High School Cafetorium: \_\_\_\_\_ Mathis High School Gymnasium\*: \_\_\_\_\_

Library Room at McCraw Building: \_\_\_\_\_ Pavilion: \_\_\_\_\_ Other: \_\_\_\_\_

**RESPONSIBLE PERSON:** \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

Cellular: \_\_\_\_\_ Home: \_\_\_\_\_

*Please list someone we can reach, in case we cannot reach you:*

Name: \_\_\_\_\_ Cellular#: \_\_\_\_\_ Home#: \_\_\_\_\_

Rental Fee: \$30 per hour \_\_\_\_\_ Cleaning Fees: \$18.00 per hour (Time-and-a-half) \_\_\_\_\_

Total Fee: \_\_\_\_\_ Total Cleaning Fee: \_\_\_\_\_

Additional fees may apply if utilities are not properly turned off or for misuse of property.

**All Facility Rental Fees Must Be Paid To Accountant, Vanessa Casas – Cash Only.**

**Approval By:**

\_\_\_\_\_  
Benny Hernandez, Superintendent of Schools

**A School District Employee is required to be at all Functions:**

**EMPLOYEE NAME:** \_\_\_\_\_

**MATHIS ISD TELEPHONE NUMBERS**

David Martinez, Maintenance Supervisor, (361) 215-1787,  
Erasmio Leal, Maintenance Supervisor, (361) 215-0872  
Leslie Cardenas, Superintendent Secretary, (361) 215-1225

***THIS FORM MUST BE SUBMITTED TO THE SUPERINTENDENT (FEE IF REQUIRED) TO BE PLACED ON THE SCHOOL CALENDAR. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT: LESLIE CARDENAS AT (361) 547-3378 EXT: 1002.***

**FOR OFFICE USE ONLY** ORIGINAL: LESLIE CARDENAS

Copy Sent To:  Principal  Person That Submitted Request  Maintenance Supervisor  Bo Camacho  Vanessa Casas

Revised 05/3/2018