

DATE OF REQUEST: _____
(ENTER TODAY'S DATE)

(PLEASE CHECK ONE)
THIS IS A REQUEST: THIS IS A CANCELLATION



Dallas Independent School District
DEPARTMENT OF ATHLETICS
FACILITIES RESERVATION REQUEST/CANCELLATION FORM

FAX COMPLETED REQUESTS TO: SILVIA SALINAS @ 972.925.3315

SCHOOL NAME: _____ NAME OF REQUESTOR: _____

REQUESTOR'S PHONE NUMBER: _____ FAX NUMBER: _____

SITE REQUESTED: _____

Check Facility(ies) Needed

(PLEASE LIST ALTERNATE SITES BELOW)

FIELD HOUSE	<input type="checkbox"/>		
FOOTBALL FIELD	<input type="checkbox"/>		
SOFTBALL FIELD	F1 <input type="checkbox"/>	F2 <input type="checkbox"/>	F3 <input type="checkbox"/>
BASEBALL FIELD	<input type="checkbox"/>		
TRACK & FIELD	<input type="checkbox"/>		
POOL	<input type="checkbox"/>		

EVENT: _____
(MUST INDICATE GAME, SCRIMMAGE, OR PRACTICE AND TEAMS INVOLVED)

BOYS: GIRLS:

DATE(S) & TIME REQUESTED: _____
(PER MONTH...LIST DAYS OF WEEK. EX: MON. THROUGH FRI. OR TUES. & THURS. ONLY)

BEGINNING DATE: _____ ENDING DATE: _____

USAGE START TIME: _____ USAGE END TIME: _____ GAME TIME: _____

******REQUIRED SIGNATURES FROM SCHOOL PERSONNEL******

REQUESTOR

CAMPUS COORDINATOR

PRINCIPAL

COMMENTS (FOR ADDITIONAL NEEDS AT SITES):

*****NOTE: ALL REQUESTS MUST HAVE THE APPROVAL FROM THE DEPARTMENT OF ATHLETICS*****

******DO NOT WRITE BELOW THIS SECTION******



APPROVED: DENIED:

ATHLETIC DIRECTOR SIGNATURE

DATE