

Please submit request at least ten (10) district business days in advance of the date of request.

DATE OF REQUEST: _____
ENTER TODAY'S DATE

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



DEPARTMENT OF ATHLETICS
FACILITIES RESERVATION REQUEST / CANCELLATION REQUEST

SCAN AND EMAIL COMPLETED REQUESTS TO Scott Jackson, scjackson@dallasisd.org

SCHOOL/DEPT NAME: _____ NAME OF REQUESTOR: _____

REQUESTOR'S PHONE NUMBER: _____ REQUESTOR'S EMAIL: _____

SITE REQUESTED: _____
(LIST ALTERNATE SITES BELOW IN ORDER OF PREFERENCE)

CHECK FACILITY(IES) NEEDED

FIELD HOUSE	
FOOTBALL/SOCCER FIELD	
SOFTBALL FIELD	F1 _____ F2 _____ F3 _____
BASEBALL FIELD	
TRACK & FIELD	
POOL	

EVENT: _____
(MUST INDICATE SCRIMMAGE, GAME, 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(S): _____

*****REQUIRED SIGNATURES FROM SCHOOL/DEPT PERSONELL *****

REQUESTOR

ATHLETICS COORDINATOR

PRINCIPAL OR ASSISTANT PRINCIPAL-EXECUTIVE DIRECTOR OR DIRECTOR

COMMENTS (FOR ADDITIONAL NEEDS AT SITES)

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

APPROVED: _____ DENIED: _____

SIGNATURE OF ASSISTANT DIRECTOR OF ATHLETICS

DATE