

**ALEDO INDEPENDENT SCHOOL DISTRICT  
FACILITIES REQUEST FORM**

For Office Use Only: Request # _____	
Tech	_____
Air/Lights	_____
Maint	_____
Mic, other	_____

Please forward request to: Facilities Coordinator  
1008 Bailey Ranch Road  
Aledo, TX 76008  
817-441-5111, Fax: 817-441-5113

**Name of School Requested:** \_\_\_\_\_

**Facilities Requested** (please check):  Auditorium     Gym     Cafeteria     Kitchen  
 Other: (please specify) \_\_\_\_\_

**Function/Activity:** Meeting Purpose \_\_\_\_\_  
Date(s) Requested: \_\_\_\_\_  
Time of event use: Start \_\_\_\_\_ End \_\_\_\_\_  
Estimated Attendance \_\_\_\_\_ Admission Charged?  Yes  No

Briefly describe meeting set-up: \_\_\_\_\_

**Organization:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

**Rental Category:**  Group 1 – Student Groups/School Organizations  
 Group 2 – Youth Service Non-profit Organizations  
 Group 3 – Businesses, Churches, Local Government

**Contact Person:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (work) \_\_\_\_\_ (Home/Cell) \_\_\_\_\_  
Email \_\_\_\_\_ Fax \_\_\_\_\_

*I have read the Facilities Guidelines and agree to abide by its terms and conditions. I understand that payment is due in full with the submission of the signed rental agreement. (Please see facilities guidelines for specific regulations.)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only:	
Group Category _____	Date Entered Facility Calendar _____
Personnel Needed _____	Personnel Charges \$ _____
Security Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Facility Charges \$ _____
<input type="checkbox"/> Rental Agreement Signed <input type="checkbox"/> Payment Received	Total Charges \$ _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied (reason: _____)	
Authorized Signature _____	Date _____