



# Georgetown ISD Secondary Athletic Facility Use Request Form



Rhonda Farney • Facilities Coordinator  
Georgetown ISD Athletics  
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*Thank you for your interest in requesting use of a GISD Secondary Athletic Facility. Please complete this form to begin the reservation process. Note this request does not guarantee availability. Submit this form electronically via email to Rhonda Farney (see contact info above). Please do not send via intracampus mail. Once your request is reviewed, you will receive an email confirmation.*

Today's Date (Date Request Submitted) \_\_\_\_\_

### EVENT INFORMATION

Name of Function \_\_\_\_\_

Date of Function \_\_\_\_\_ Actual Time(s) of Function \_\_\_\_\_

Time to Open Facility \_\_\_\_\_ AM/PM    Time to Close Facility \_\_\_\_\_ AM/PM

Facility Requested (*check facility requesting*)

	East View HS	Georgetown HS	Benold MS	Forbes MS	Tippit MS
Football Fields/ Track/ Parking Lot	<input type="checkbox"/> Stadium <input type="checkbox"/> Practice Turf <input type="checkbox"/> Practice Grass <input type="checkbox"/> Track <input type="checkbox"/> Parking Lot	<input type="checkbox"/> GISD Stadium <input type="checkbox"/> Practice Turf <input type="checkbox"/> Practice Grass <input type="checkbox"/> Track <input type="checkbox"/> Parking Lot	<input type="checkbox"/> Football Field <input type="checkbox"/> Track	<input type="checkbox"/> Football Field <input type="checkbox"/> Track	<input type="checkbox"/> Football Field <input type="checkbox"/> Track
Gyms	<input type="checkbox"/> Main Gym <input type="checkbox"/> Auxiliary Gym	<input type="checkbox"/> Main Gym <input type="checkbox"/> Auxiliary Gym <input type="checkbox"/> Annex Main Gym <input type="checkbox"/> Annex Aux Gym	<input type="checkbox"/> Main Gym <input type="checkbox"/> Auxiliary Gym	<input type="checkbox"/> Main Gym <input type="checkbox"/> Auxiliary Gym	<input type="checkbox"/> Main Gym <input type="checkbox"/> Auxiliary Gym
Tennis Courts	<input type="checkbox"/> Tennis Courts	<input type="checkbox"/> Tennis Courts	<input type="checkbox"/> Tennis Courts	<input type="checkbox"/> Tennis Courts	<input type="checkbox"/> Tennis Courts
Fields	<input type="checkbox"/> Baseball <input type="checkbox"/> Softball	<input type="checkbox"/> Baseball <input type="checkbox"/> Softball			
Other					

### CONTACT INFORMATION

Primary Contact Name \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Other Adult Sponsor \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

### FOR OFFICE USE ONLY

Facilities Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_