



ALPINE INDEPENDENT SCHOOL DISTRICT

Dr. Michelle Rinehart, Interim Superintendent

704 W. Sul Ross Avenue
Alpine, Texas 79830
(432) 837-7700
FAX: (432) 837-7740

"Alpine ISD will provide our children with learning experiences to be responsible, productive, and successful citizens of an ever changing world."

Facility Use Request Form

(Return Completed Form to Appropriate Campus)

**Do Not Advertise Your Activity Until
You Have Received Confirmation From Campus Principal**

EVENT:		SPONSORING ORGANIZATION OR INDIVIDUAL:				DATE FORM SUBMITTED:		
Location	Event Date(s) Mo/Day/Year	YOUR Set-up Time Begin End		Event Start Time Begin End		YOUR Clean-up Time Begin End		Estimated Attendance
Campus: AES AMS Other: _____								
Campus Facility:		Other Facilities:		Costs/Admissions to be charged:				
<input type="checkbox"/> Gym (AES & AMS only)		<input type="checkbox"/> AISD Auditorium		<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____				
<input type="checkbox"/> Cafeteria		<input type="checkbox"/> Buck Stadium		Tickets available in advance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> _____		<input type="checkbox"/> _____		For advance tickets, contact: _____				
<input type="checkbox"/> Practice Field (Specify location: _____)				Telephone #: _____				
Additional information (if needed) about activity:								
Use this space to indicate requests for equipment and/or special arrangements. All requests are subject to use or labor costs, and may or may not be approved. Discuss special set-up needs with the Campus Principal.								
By my signature below, I agree to abide by the requirements of Alpine Independent School District regarding the use of school property and facilities, and am responsible for ensuring payment of facility charges will be met within the guidelines set by Alpine Independent School District.								
Person filing request			Printed Name			Mailing Address		
E-mail Address			Telephone			FAX		

For Office Use:

Confirmation/Approval: _____
Campus Principal

Date: _____

Confirmation/Approval: _____
Athletic Director/Food Service Director

Date: _____

Confirmation/Approval: _____
Superintendent's Office

Date: _____

NOTE: After request is approved by Campus and Superintendent's Office, event will be scheduled on District Current Events Calendar.