



Athletic Facility Use Application

Name of Event: _____

Date of Event: _____ Time of Event: _____ Athletic Facility Requested: _____

Home Team: _____ District : _____ Home Team Colors/Mascot: _____

Visitor Team: _____ District : _____ Visitor Team Colors/Mascot: _____

Conference: _____ Region: _____ Level: _____ Ticket Prices Adult: _____ Student: _____

Passes Accepted: _____
(Please email a copy of passes to be accepted to athletics@rockdaleisd.net)

Rockdale ISD only has online ticket sales using TicketSpicket. No cash is accepted at the gate- credit/debit cards only.

Arrival Time: _____ Doors/Gates Open at: _____ Home Team Warmup Time: _____ Visiting Team Warmup Time: _____

Facility Rental Fee: \$ _____ Inclusions/Exclusions for Rental Fee: _____

Home Team Contact Information:

Name _____ Phone # _____

Address _____ Cell Phone # _____

City/St/Zip _____ Fax # _____

E-mail _____

Admin on Duty Name _____ Cell Phone # _____

Visitor Team Contact Information:

Name _____ Phone # _____

Address _____ Cell Phone # _____

City/St/Zip _____ Fax # _____

E-mail _____

Admin on Duty Name _____ Cell Phone # _____

Applicant's Signature- Home Team Date

Applicant's Signature- Visitor Team Date

RISD Athletic Approval Date