## FACILITY USAGE FOR THE GODLEY ISD COMPETITION GYMNASIUM

9401 N. HWY 171, Godley TX 76044

Contact: Jason Karnes Office: 817-592-4300

			(	Office: 817-592-4300	
Game date:		SPORT:	Basketball	Volleyball	
		(please circ	ele)		
Teams: Home _		Visitor_			
Game Start Time:		Team:	Boys	Girls	
		(please circl	le)		
General Informat	ion				
-	C	can arrive:	Warm-up begin	ns at:	
Godley ISD's rent		, <u> </u>			
Price includes:	All gate workers	Fill in your ticket	price and		
	Clock & Book	Passes honored.	•		
	Administrator on Duty	Passes honored was Making your gate	Passes honored will risk your not		
	Security-1 officer x 3 hours	Ticket Prices	Passes Accepted		
	Line-up Announcer	110.000111000	- accepted		
	Gym Use	ADULT			
	Custodial & Maintenance	\$			
	Warm-up music, Anthem	STUDENT			
	Practice Balls	\$ \$100001			
	Libero Tracker VB Only				
the game fee plus mi	art of our turn-key, the Godley ISD bleage (& meals if applicable) in accordance rental fee and will be added to the sases are paid.	rdance to the UIL guide	lines. Those actual fees to	the officials and UIL	

It is understood that even though protective equipment is worn by the athlete, the possibility of an accident still remains. Neither the U.I.L nor the G.I.S.D. assumes any responsibility in case an accident occurs. I hereby release the University Interscholastic League and the Godley I.S.D., its Trustees, Superintendent, Principals, Teachers, and Employees, together with all persons from any and all liability and responsibility in connection with such facility usage. I agree to indemnify and hold said parties harmless from all claims hereafter made or assured by or on behalf of the above named schools, their athletes, parents, heirs, executors, or assigns.

**Home/Visiting Teams are responsible for:** Scheduling of all officials, programs, rosters, and team lineups. Participating teams contact information

Contact Name	Home Team	Phone	
Address	City	State	Zip
Signature	Date	Fax	

Courts at Name	Mathia Tana	Dis a care	
Contact Name	Visiting Team	Phone	
Address	City	State	Zip
Signature	Date	Fax	