



# BROWNWOOD FACILITY RENTAL REQUEST FORM

## GORDON WOOD STADIUM EVENTS

Thank you for your interest in hosting an event with Brownwood ISD. We ask that you please complete this rental request form to begin the reservation process. Please note that all requests must be submitted at least 10 days prior to requested event date and this facility request does not guarantee space availability. Once completed, please email to Mitch Moore at [mitchell.moore@brownwoodisd.org](mailto:mitchell.moore@brownwoodisd.org). Once we have reviewed your request we will contact you to confirm or discuss your event. Please allow 2-3 business days for a response.

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

### CONTACT INFORMATION

Primary Event Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sponsoring Org./Dept. (if applicable): \_\_\_\_\_ Short Code to be used (if applicable): \_\_\_\_\_

### EVENT INFORMATION

Requested Event Date: \_\_\_\_\_ 2<sup>nd</sup> Choice Date (if applicable): \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_ Set-up Requested: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Number of Guests/Attendees (Approx.) \_\_\_\_\_ Number of Parking Spaces Needed (Approx., if applicable) \_\_\_\_\_

Event Description: \_\_\_\_\_  
\_\_\_\_\_

Space(s) Requested: \_\_\_\_\_

Anticipated A/V Needs \_\_\_\_\_

Will you want a field/locker room: \_\_\_\_\_ Will this event need concessions: \_\_\_\_\_

Will you need stadium lights during your event? (if NO, deduct \$300) \_\_\_\_\_

Would you like to utilize the video board, camera crew & replay capability? (adds \$500) \_\_\_\_\_

Stadium Rental: **Minimum \$1000\***

*\*Stadium rental fees are subject to change based on the event. Please contact Brownwood ISD Central Support Center at 325-643-5644 for more information.*

### OFFICE USE ONLY

Rental Charge Amount: \_\_\_\_\_ Due: \_\_\_\_\_ Received: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_ Due: \_\_\_\_\_ Received: \_\_\_\_\_

Balance: \_\_\_\_\_

General Liability Insurance Due: \_\_\_\_\_ Received: \_\_\_\_\_