

DATE OF REQUEST: _____
ENTER TODAY'S DATE

THIS IS A REQUEST: ☐ THIS IS A CANCELLATION: ☐
(PLEASE CHECK ONE)



Athletics

FACILITIES RESERVATION REQUEST / CANCELLATION REQUEST

SCAN AND EMAIL COMPLETED REQUESTS TO MARISELA LOPEZ AT MARISLOPEZ@DALLASISD.ORG.

SCHOOL NAME: _____ NAME OF REQUESTOR: _____

REQUESTOR'S PHONE NUMBER: _____ REQUESTOR'S EMAIL: _____

SITE REQUESTED: _____
(LIST ALTERNATE SITES BELOW IN ORDER OF PREFERENCE)

CHECK FACILITY(IES) NEEDED

FIELD HOUSE	☐
FOOTBALL/SOCCER FIELD	☐
SOFTBALL FIELD	F1 ☐ F2 ☐ F3 ☐
BASEBALL FIELD	☐
TRACK & FIELD	☐
POOL	☐

EVENT: _____
(MUST INDICATE SCRIMMAGE, GAME, OR PRACTICE AND TEAMS INVOLVED)

BOYS: ☐ GIRLS: ☐ DATE(S) & TIME REQUESTED: _____
(PER MONTH...LIST DAYS OF WEEK. EX: MON. THROUGH FRI. OR TUES. & THURS. ONLY)

BEGINNING DATE: _____ ENDING DATE: _____

USAGE START TIME: _____ USAGE END TIME: _____ GAME TIME(S): _____

*****REQUIRED SIGNATURES FROM SCHOOL PERSONNEL*****

REQUESTOR

ATHLETICS COORDINATOR

PRINCIPAL OR ASSISTANT PRINCIPAL

COMMENTS (FOR ADDITIONAL NEEDS AT SITES)

*****DO NOT WRITE BELOW THIS SECTION*****

APPROVED: ☐ DENIED: ☐

SIGNATURE OF ASSISTANT DIRECTOR OF ATHLETICS – CENTRAL ATHLETICS OFFICE

DATE