



ACADEMY INDEPENDENT SCHOOL DISTRICT

254-982-4304

704 E. Main Street, Little River Academy, Texas 76554

www.academyisd.net

Playoff Rental Agreement - John Glover Stadium

Type of Contest: _____ Date/Time of Contest: _____

Conference: _____ Division: _____

Home Team & Game Administrator: _____

Visiting Team & Game Administrator: _____

Home Team Email _____ Visiting Team Email _____
(We will use your email address to send you the Financial Report the following week)

Seating: South (Home Side - Seats 1,700)
East Locker Room:

SEATING: North (Visitor Side - seats 730)
West Locker Room

Admission Prices:

Adult: Presale _____ Gate _____

Student: Presale _____ Gate _____

List all Passes Honored: _____

PLEASE COMPLETE ALL FIELDS ABOVE – MAKES FOR BETTER COORDINATION

Stadium Rental Costs:

Football:

1A-4A \$2,500, plus 15% gross ticket sales, plus security costs

Soccer:

1A-6A \$1,200 1st game (\$800 2nd game) plus security costs

Stadium Usage Costs include: Stadium Manager, Clock/Scoreboard, Announcer/Music, Down and Distance Chain Crew, Ticket Sellers/Ticket Takers, and Custodial Fees. Ambulance will be On Call.

Officials, security, stadium usage and UIL Fees will be deducted from the gate before the split. All remaining proceeds will be divided among the schools unless otherwise agreed by the teams

Teams are responsible for securing game officials and providing rosters and/or programs to fans. Teams are also responsible for providing their own game balls and athletic trainers.

Concessions retained by AISD.



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Each Football or Soccer playoff team is responsible for:

Securing Game Officials

Paid by AISD from gate prior to split

Signed AISD Playoff Rental Agreement

Email steve.hoffman@academyisd.net

Copy of Presale Tickets / District, Comp Passes

Email cayla.holt@academyisd.net

VIP Roster for Press Box

_____ for the home press box

_____ for the visiting press box

Send by 9:00 am on game day

Email cayla.holt@academyisd.net

Game Programs & Distribution

Each school is responsible

Team Roster

By noon on Monday prior to game

Email Head Coach

Media Credentials / Radio Stations

Email chelsy.baker@academyisd.net

Please be sure you have filled in all information

Athletic Director or Superintendent Designee (Academy ISD) Approval:

Printed Name _____ Signature _____ Date _____