



ACADEMY INDEPENDENT SCHOOL DISTRICT

254-982-4304

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

www.academyisd.net

Playoff Rental Agreement - Basketball/Volleyball Gym

Type of Contest: _____ Date/Time of Contest: _____ Boys or Girls: _____

Game One - Time _____

Team A: _____ (V) Address: _____ District: _____

Email contact: _____

Team B: _____ (V) Address: _____ District: _____

Email contact: _____

Game Two - Time _____

Team C: _____ (V) Address: _____ District: _____

Email contact: _____

Team D: _____ (V) Address: _____ District: _____

Email contact: _____

Address and email are needed for sending the financial report and or mailing checks.

Admission Prices

Adult\$ _____ Student\$ _____ Passes Honored _____

<p>Costs:</p> <p>Gym Usage; Lights (Single Game) \$2,000.00</p> <p>Gym Usage; Lights (Double Header) \$3,000.00</p> <p>Gym Manager Included</p> <p>Custodial Fee Included</p> <p>Clock/Scoreboard Included</p> <p>Announcer/Music Included</p> <p>Scorebook Included</p> <p>Ticket Seller Included</p> <p>Security available upon request: \$150.00 a game</p>	<p>Gym Usage, Official and UIL fees will be deducted from the gate before the split. All remaining proceeds will be equally divided among the schools unless otherwise agreed by the teams.</p> <p>Gym Seating Capacity: 1,057</p>
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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 Basketball or Volleyball playoff team is responsible for:

Team A (Authorized Signature - Visitors) _____

Team B (Authorized Signature - Home) _____

Team C (Authorized Signature - Visitors) _____

Team D (Authorized Signature - Home) _____

Signed AISD Playoff Rental Agreement

Email steve.hoffman@academyisd.net

Copy of Presale Tickets / District, Comp Passes

Email cayla.holt@academyisd.net

Team Roster

By noon on Monday prior to game

Email Head Coach

Media Credentials / Radio Stations

Email cayla.holt@academyisd.net

Please be sure you have filled in all information

Athletic Director or Superintendent Designee (Academy ISD) Approval:

Printed Name _____ Signature _____ Date _____