

**ALEDO INDEPENDENT SCHOOL DISTRICT  
FACILITIES REQUEST FORM**



**Site Requested** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Name of Organization** \_\_\_\_\_

**Name of Contact** \_\_\_\_\_ **Contact's Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_ **Contact's Email** \_\_\_\_\_

- Rental Category**
- Group 1 - Student Groups/School Organization
  - Group 2 - Youth Service Non-Profit Organization
  - Group 3 - Businesses, Churches, Local Government

**Facility Requested**

- Auditorium     Cafeteria     Gym     Kitchen     Other \_\_\_\_\_

**Date(s) Requested** \_\_\_\_\_ **Event Start Time** \_\_\_\_\_ **Event End Time** \_\_\_\_\_

**Estimated Attendance** \_\_\_\_\_ **Admission Charged?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Purpose** \_\_\_\_\_

**Set-Up Requests** (be specific)

Technology (i.e. Promethean Board, Microphone, etc)

Door Access (list door # and 30-minute time block)

Furniture (describe set up, attach diagram, or self set-up)

AC/Lights (list start and end time needed)

*I have read the Facilities Guidelines and agree to abide by its terms and conditions. I understand that payment is due in full with the submission of the signed rental agreement.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please forward this request to:

Anita Robert, Facilities Clerk  
arobert@aledoisd.org  
1 Dean Road  
Aledo, TX 76008  
817-441-5192

For Office Use Only:			
Tech WO #		Maint WO #	
Air/Lights		Door WO #	