

Event Request Application

REQUIREMENT: Application must be received in the leasing office 30 days prior to first event date.

OFFICE USE ONLY	
Control Number:	
Date Received:	

ATHLETIC EVENTS

Judy Campbell <u>jcampbel@garlandisd.net</u> (gyms)

Name of Organization

Michael Williams <u>mkwilliams@garlandisd.net</u> (turf and track)

Athletic event approved by: _____Date____

Athletics Main Number: 972-494-8588 phone 972-494-8567 fax

INDOOR AND NON-ATHLETIC EVENTS

Deb Bosco <u>ddbosco@garlandisd.net</u>

Approved:_____Date____

972-487-4221 phone

972-494-8437 fax

We	bsite:							
Co	Contact Person's Name: E-mail Address:							
Phone: (Work)			(H	(Home)		(Fax)		
(Cell)			(Page)		(Other)			
Co	ntact Person	's Address: _						
	Campus R	Requested:						
Request Status: □ New □ Add □ Change □ Cancel								
DATE	ENTRY TIME	EVENT START TIME	EVENT END TIME	EXIT TIME	ESTIMATED ATTENDANCE	EVENT DESCRIPTION	AREA(S) IN BUILDING	
Example: 9/25/2021	5:30 p.m.	7:00 p.m.	9:00 p.m.	9:15 p.m.	250	Association Meeting	Cafeteria	
		ages, if needed)		1	1			

Heat/air-conditioning requested? ☐ Yes ☐ No **NOTE**: Additional fees may apply.

If leasing an auditorium additional information is required.