

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 (We will use your email address to se	Visiting Team Email end you the Financial Report the following week)
Seating: South (Home Side - Seats 1 East Locker Room:	,700) 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 Re	ental 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.



ACADEMY INDEPENDENT SCHOOL DISTRICT

254-982-4304 704 E. Main Street, Little River Academy, Texas 76554 www.academyisd.net

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 chelsy.baker@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 chelsy.baker@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 _____ Date _____