



School Building: _____

Application on behalf of: _____

Kind of Event (Description of Activity): _____

- Type of Group:
- School group, RCS, Child Care (Level One)
 - School sponsored group, PTO/PTA, Scouts, OM (Level One)
 - Community based with non-profit status (Level Two)
 - Community based without non-profit status (Level Three)

SINGLE MEETING

Day (circle one): M T W TH F SA SU

Date _____ Hours of Event _____ am/pm to _____ am/pm

Time requested to begin set-up _____ Number in attendance _____ (est)

SERIES OF MEETINGS

Day(s) of week, please circle

Beginning Date _____ Ending Date _____ M T W TH F SA SU

Hours of Event _____ am/pm to _____ am/pm

Time requested to begin set-up _____ Number in attendance _____ (est)

Areas/Rooms requested _____

Equipment/Set up needed - including field lining and goals (ie; banquet tables, cafeteria tables, chairs, microphone, desks, podium). Include attachment for detailed set up instructions.

The undersigned is at least 21 years of age. He/She agrees to be responsible to the Board of Education for the use and care of school property and will be responsible for complete supervision of all parties participating in this activity. It is further agreed that the character of entertainment/meeting will conform with the rules governing the use of Rockford Public Schools. The applicant agrees to hold harmless the District and its agents and employees from and against all claims, damages, losses, and expenses including attorneys fees arising out of or resulting from applicant's use of District facilities.

Applicant Signature

Date

Applicant email: _____

Applicant Phone #: _____

Email completed form to DDugas@rockfordschools.org no later than 10 days prior to the date of the requested event