

ROCKFORD PUBLIC SCHOOLS

FACILITY USE APPLICATION

Scho	School Building:			
Application on behal	f of:			
Kind of Event (Descri	iption of Activity):			
Type of Group:	School group (Level One)			
School sponsored group, Scouts, OM (Level One)				
	Community based with non-pro	ofit status (Level Two)		
	Community based without non-	-profit status (Level Three)		
	SINGLE N	MEETING		
Day (circle one): M T	W TH F SA SU			
Date	Hours of Event	am/pm to	am/pm	
Time Building to be open	l	Number in attendance	(est)	
	SERIES OF	MEETINGS		
		Day(s) o	f week, please circle	
Beginning Date	Ending Date	M T	W TH F SA SU	
Hours of Event	am/pm to		am/pm	
Time Building to be oper	1	Number in attendance(est)		
Areas/Rooms requeste	ed (if food is involved, complete the	Food Services attachment to the	his form)	
Equipment/Set up need	ded (ie; banquet tables, cafeteria tab	oles, chairs, microphone, desks,	podium):	
school property and will that the character of ent	ist 21 years of age. He/She agrees to be be responsible for complete supervision ertainment/meeting will conform with t t provide permission to use the requeste	of all parties participating in this the rules governing the use of Roc	activity. It is further agreed kford Public Schools. NOTE:	
Signature of Applicant (r	esponsible party)		 Date	
Annlicant email:		Annlicant Phone #		



Food Services — Attachment to Facility Use Application

If your event will have food served, please check all boxes that apply:

	Food is being catered through Rockford Food Services	
	Food is being catered by an outside business and being ready to serve. If yes, provide the name of business catering:	prepared off-site. Food is brought in
	Food is being catered by an outside business which If yes, provide the name of business catering: Food Services Director approval is required (if a Approval/Signature of John Henry, Food Services)	approved, staff charges will apply)
	□ Yes	
	Food is being sold by a Mobile Food Vendor NOTE: RPS cannot provide electric or water ho If yes, provide the name of each vendor, along	•
	Attach copy of Michigan Mobile Food License Attach copy of insurance certificates naming RI	PS as an additional insured.
Signature, Fa	acility Applicant	 Date