

ROCKFORD PUBLIC SCHOOLS

FACILITY USE APPLICATION

School Building:		
Application on behalf of:		
Event/Description of Activity:		
RPS School Group PTO, Scouts, OM Non-Profit Org	Community Based w/o non-profit (Level 3)	
Date Ending Date (if recurring) Day: M T W TH F SA SU		
Timeam/pm toam/pm Time requested to begin set-up		
Additional Dates		
Number in Attendance		
Set up/Equipment needed (field lining, # of tables, # of chairs, microphone		
The undersigned is at least 21 years of age. He/She agrees to be responsible to the B property and will be responsible for complete supervision of all parties participating entertainment/meeting will conform with the rules governing the use of Rockford Public District and its agents and employees from and against all claims, damages, losses, a resulting from applicant's use of District facilities.	in this activity. It is further agreed that the character of c Schools. The applicant agrees to hold harmless the	
Applicant Name:	Date:	
Applicant Signature:		
Email :		
Phone #:		

Email completed form to Jason VanderLaan at JVanderLaan@rockfordschools.org no later than 10 days prior to the date of the requested event



Food Services — Attachment to Facility Use Application

If you	r 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.	prepared off-site. Food is brought in
	If yes, provide the name of business catering:	
	Food is being catered by an outside business which If yes, provide the name of business catering: Food Services Director approval is required (if Approval/Signature of John Henry, Food Services)	approved, staff charges will apply)
	☐ Yes ☐ No	
	Food is being sold by a Mobile Food Vendor NOTE: RPS cannot provide electric or water hook-up for mobile vendors If yes, provide the name of each vendor, along with description of food sold:	
	Attach copy of Michigan Mobile Food License. Attach copy of insurance certificates naming R	PS as an additional insured.
	Allacit copy of insurance certificates fidifility K	i o as an auditional insuleu.
gnature, Fa	cility Applicant	 Date