



ROSCOMMON AREA PUBLIC SCHOOLS

Facility Request Form

299H W. Sunset Dr
 P.O. Box 825
 Roscommon, MI 48653
 P: (989)275-6600
 F: (989)275-8227
www.rapsk12.net

Request for use of Roscommon Area Public School District (School Facilities)

All requests are granted and reservations are made subject to regulations adopted by the **ROSCOMMON AREA PUBLIC SCHOOL DISTRICT BOARD OF EDUCATION**. This form must be completed in detail and submitted to the requesting building's office. Your cooperation in this matter will ensure that your request receives proper and careful consideration. You will be contacted on the status of your application.

Details of Request (Fill out the side that pertains to your request)

School Related Request

(Affiliated with school events)
NO FACILITY CHARGE

School Activity:	
Contact Name:	
Contact Phone #:	
Contact Email:	
Today's Date:	
Building Requested:	
Room Requested:	
Date(s) Desired:	
Exact hours facility is to be used: (Include set up & take down)	
Admission Fee: (If any)	
Number of Participants	
Chairs / Quantity	
Tables / Quantity	
Props / Tech Equipment	
Custodial / Tech / Kitchen Assistance	

Please list any other requirements: (Be specific)

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Business Related Request

(Not affiliated with school events)
FACILITY CHARGE (please see Facility Invoice for Rates)

Business Name:	
Contact Name:	
Business Phone #:	
Business Email:	
Today's Date:	
Building Requested:	
Room Requested:	
Date(s) Desired:	
Exact hours facility is to be used: (Include set up & take down)	
Admission Fee: (If any)	
Number of Participants	
Chairs / Quantity	
Tables / Quantity	
Props / Tech Equipment	
Custodial / Tech / Kitchen Assistance	

Please list any other requirements: (Be specific)

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When a special arrangement of chairs, tables, etc. is desired, Please provide a simple sketch of the desired arrangement and attach to this form.

Office Use Only

APPROVAL REQUIRED

Building Admin:

Date:

Superintendent:

Date:

*If fee is required please fill out this section

CASH

Fee Collected Amount \$: _____

CHECK

Check Amount \$: _____ Check Number : _____