

ROSEVILLE COMMUNITY SCHOOLS-APPLICATION FOR USE OF DISTRICT FACILITIES
 18975 Church Street, Roseville, MI 48066 (586) 445-5697

Applications for facility use after 4:00 p.m. must be submitted to the Buildings and Grounds Department **AT LEAST TWO WEEKS BEFORE THE DATE REQUESTED.**

Requests for use of an auditorium must be submitted at least **FOUR WEEKS PRIOR** to the date requested.

Name of Organization _____ Date _____

Permission is hereby requested for the use of _____ school

Building to be used for the purpose of _____

Room(s) to be used _____

Between the hours of _____ am/pm and _____ am/pm

Admission _____ will/ _____ will not be charged---Estimated Attendance _____

PLEASE NOTE: If requesting **Auditorium, Planetarium or L B Williams' Room**, a Supplemental Form will be required.
 Dates requested – Please list **each date**

Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Please Note:

- All requests must be approved by the building principal **prior** to submission. If an outside organization, the request must be approved by the Board of Education.
- All changes, such as date, time, estimated attendance, etc., must be submitted and approved in advance of the event
- For sporting events: Has the required **Coaches' Proof of Concussion Training** been included with this form? _____ Yes _____ No
- Will heating or air conditioning be needed at time of facility use? _____ Yes _____ No
- Will this event require an Audio or Video Supervisor? _____ Yes _____ No
- Will this event require the use of the kitchen? _____ Yes _____ No
- Is this an RCS Club or Group? _____ Yes _____ No
- If this is a district fundraising event, has fundraiser form been submitted to Business Office? _____ Yes _____ No

INTERNAL RCS STAFF APPLICANTS <u>ONLY</u>
Name: _____
Building: _____
Email: _____

EXTERNAL APPLICANTS
Name: _____
Address: _____
City/Zip Code: _____
Phone: _____
Email: _____

DO NOT WRITE BELOW THE LINE

Building Clerical Receipt _____ Principal's Signature _____

Approved by _____ Director of Building & Grounds

Charge for Use of Building	\$ _____
Charge for Kitchen Help	\$ _____
Approx. Charge for Custodian	\$ _____
SUB-TOTAL	\$ _____
Less Deposit Required	\$ _____
TOTAL	\$ _____

Liability Insurance Required? Y/N
 Fundraising Event? Y/N
 Supplemental Form Needed? Y/N
 Concussion Certificates Needed? Y/N