

Royal School District

Application for Use of School Facilities

APPLICANT INFORMATION	
	Name of Organization:
	Contact Name:
	Phone: Fax:
	email Address:
	Mailing Address:

EVENT INFORMATION	
	Date:
	Time:
	Room / areas:
	Description of Activity:
	<div style="text-align: center;"> Number of Participants: Fees charged: Other equipment or requests: </div>
	Other Information:
	Name of Supervisor at event:
	Phone:
	<i>APPLICANT SIGNATURE:</i>

SCHOOL DISTRICT USE ONLY	
	Application Approved / Denied :
	Fees charged (rent/janitorial/supervisor/damages)
	<div style="text-align: center;"> Amount: Description: </div>
	Certificate of Insurance Received:

Royal School District
PO Box 486 / Royal City, WA 99357
509 346 2222 phone / 509 346 8746 fax