

Facilities / Equipment Use Form



Date of Request			
Who	Name		
	Phone		
	Email		
	Organization	(if applicable)	
Request	What	<input type="checkbox"/> Grounds (not incl. Buildings) <input type="checkbox"/> Buildings - specify : <input type="checkbox"/> Chairs <input type="checkbox"/> Tables <input type="checkbox"/> Trash Cans <input type="checkbox"/> Picnic Tables <input type="checkbox"/> Other:	
	When	Start Date: ___ / ___ / ___ Time: ___ : ___ <small style="display: block; text-align: center;">dd mm yyyy</small>	
	When	End Date: ___ / ___ / ___ Time: ___ : ___ <small style="display: block; text-align: center;">dd mm yyyy</small>	
	Sign	I/We agree to follow all policies and directives of the Roxborough Agricultural Society.	
RAS ONLY	Approval	Sign	Date: ___ / ___ / ___ <small style="display: block; text-align: center;">dd mm yyyy</small>
	Fee	Amount Due	Amount Paid
	Insurance	<input type="checkbox"/> Required to list RAS as Additional Insured <input type="checkbox"/> N/A	
	RAS Responsible Person for Day of		Date Received: ___ / ___ / ___ <small style="display: block; text-align: center;">dd mm yyyy</small>