

Rehoboth Christian School Athletic Facilities Request Form

All Groups must completely fill out this form

Name of Person Responsible (Include Group if applicable) _____

If not a Rehoboth Staff Member, please fill out the following:

Address _____

Phone _____ Email _____

(Check One) Staff _____ Immediate Staff Family _____ RCS Parent _____ Other (Specify) _____

Check what Gym/Space you are requesting

_____ Aux Gym _____ Band Room _____ Soccer Field _____ Other (Please Specify)

_____ Main Gym _____ Classroom _____ Softball Field

_____ SFC Lobby _____ Fitness Center _____ KK Gym

What are the dates and times you are hoping to use the facility? (fill out Specific Date or Over a Period of Time)

Specific Date

Date _____ Start Time _____ End Time _____

Over a Period of Time

Starting Date _____ Ending Date _____

Day(s) of the Week _____

Start Time _____ End Time _____

If outside group, please complete the following:

Approximate number of Rehoboth Student's or Staff involved? _____

Why are you choosing to use Rehoboth's Facilities?

Office Use Only

Approval Yes No **Notified Person** Yes No **On Calendar** Yes No