



Rankin County  
School District

TRADITION OF EXCELLENCE

## RANKIN COUNTY SCHOOL DISTRICT MEETING ROOM REQUEST FORM

Name of Organization: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Will contact person be attending the meeting? ☐ Yes ☐ No

If not, who will be responsible on the day of the meeting?: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Time / Duration: \_\_\_\_\_

Number of People Expected: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Will refreshments be served? ☐ Yes ☐ No

Are there equipment needs? ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

How do you want the room setup? ☐ Board Room Style ☐ Classroom Style ☐ Other: \_\_\_\_\_

### For Office Use Only

Rooms available for this date:

☐ Yes ☐ No Board Room

☐ Yes ☐ No Room 101

☐ Yes ☐ No Gathering Grounds

☐ Yes ☐ No Room 102

☐ Yes ☐ No Family Resource Center

Approved ☐ Denied ☐

Room Assigned: \_\_\_\_\_ Date Entered on Calendar: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_

RANKIN COUNTY SCHOOL DISTRICT PERSONNEL