

Please return to:

Oakland County Parks, Attn: RAPP 2800 Watkins Lake Road, Waterford, MI 48328

Email: [RAPP@oakgov.com](mailto:RAPP@oakgov.com) Phone: (248) 858-0916

Submit this form with your organization's name. Ex: "Chester Public Schools RAPP Application."



## 2024 Recreation Assistance Partnership Program Application

Each organization must complete and submit the form for approval. Application does not guarantee approval. Applications are approved on a first come basis based on date, package and staff availability. Once requests have been confirmed by an Oakland County Parks employee via email or phone, your package will be reserved. Each organization will receive up to three mobile units.

Date of Application		Phone		Email	
Agency Name				Contact Name	
Address					
City/State/Zip					

### PACKAGE REQUEST SECTION

Package requests can be reserved for the same events on the same time slot/same date or different dates throughout the season. Each request is for a 2-hour time block. You can reserve additional hours for purchase. Please use the drop downs to select your packages. At the bottom of each request box, indicate either a secondary date OR package preference, in the case that your requested date and package is not available.

Package Request	Name/Type of Event	Location: Include address	Date of Event	Time of Event	Day of Phone Number	Expected Attendance
If DATE is top priority, please indicate a secondary package for this date:			If PACKAGE is top priority, please indicate a secondary date for this package:			

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If your request(s) are approved, we ask that you include Oakland County Parks in all of your event marketing including but not limited to using our provided logo, tag us in any social media posts, and share a photo of the package at your event.

### OFFICE ONLY SECTION

1) Approved: Y    N By: Entered Date: By: Notes:	2) Approved: Y    N By: Entered Date: By: Notes:	3) Approved: Y    N By: Entered Date: By: Notes:	Other:
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## 2024 Recreation Assistance Partnership Program Community Collaboration Application

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Date of Application		Phone		Email	
Agency Name				Contact Name	
Address					
City/State/Zip					

### COMMUNITY COLLABORATION REQUEST

To be eligible for this, your community needs to partner with a surrounding community or another partner within the community. Collaboration programs are additional units and do not impact the standard RAPP program allocations. At the bottom of the request box, indicate either a secondary date OR package preference, in the case that your requested date and package is not available.

Package Request	Name/Type of Event	Location: Include address	Date of Event	Time of Event	Day of Phone Number	Expected Attendance

If DATE is top priority, please indicate a secondary package for this date:

If PACKAGE is top priority, please indicate a secondary date for this package:

### Partnering Agency(ies)

### Sponsors

If your request is approved, we ask that you include Oakland County Parks in all of your event marketing including but not limited to using our provided logo on collateral, inclusion and tags in social media posts (@OCParks) and share a photo of the package at your event afterward. Please indicate below how you will include Oakland County Parks in your marketing efforts. Please forward an example of all that apply to [RAPP@oakgov.com](mailto:RAPP@oakgov.com) at least one week prior to your event.

- ☐ Event website
- ☐ Event flyers
- ☐ Event posters
- ☐ Event signage
- ☐ Press releases
- ☐ Facebook/Twitter/Social Media
- ☐ PA Announcements

### OFFICE ONLY SECTION

1 Approved: Y N

Other:

By:

Entered Date:

By:

Notes: