

Facility Use Application

District 2687
Community Education Dept.
320-543-4670

Day(s) & Date(s) requested _____
(please be specific)

_____ This is a ONE TIME REQUEST for use

_____ This request is ONGOING from _____ to _____

Facility wanted _____ Area wanted _____
(lunchroom, classroom, gym, fields)

Time start _____ Time end _____

My signature indicates that I have received a copy of the FACILITY USE POLICY regarding the use of a facility and/or equipment and agree to abide by it.

The undersigned, in his/her individual capacity or on behalf of the organization he/she represents, further agrees that he/she will save, hold harmless, defend and indemnify Independent School District No. 2687 from any and all actions, suits, claims, damages, judgments, executions or other forms of liability, liquidated or unliquidated, which any person may have or claim to have, arising from the use of any School District facility pursuant to this request.

Signature _____

Print Name _____

Representing _____

Address _____

Home phone _____ Work phone _____

Insurance Company Name _____ Policy No. _____

Nature of Activity _____

Number of people in group _____ Adults _____ Youth _____

Please indicate how you plan to provide adequate supervision _____

***** FOR OFFICE USE *****

Custodian charges _____ Hours _____ Facility use charges _____

Cook charges _____ Hours _____ Other charges _____

Supervisor charges _____ Hours _____ Deposit _____

Date approved _____

FILL OUT & RETURN ALL FORMS TO:

Community Education District 2687
P. O. Box 708
Howard Lake, MN 55349

Signature – Community Education office

Date paid _____ Amount _____