

# St. Francis Area Schools

Community Education • 3325 Bridge Street, St. Francis, Minnesota 55070  
763-213-1589 • www.communityed15.org • www.isd15.org

## Request to Use School Facilities

Please return this form at **LEAST TEN (10) BUSINESS DAYS** event to:

St. Francis Area Schools Community Education/Facilities Use

3325 Bridge Street, St. Francis, MN 55070 – or – FAX to 763-213-1710

**A \$10 permit fee must be submitted with each facility request.**

Businesses, individuals or user groups that would like to sell or market a product/service in conjunction with any St. Francis Area Schools function or event (athletics, activities, Community Education class or event, other District events) must obtain an St. Francis Area Schools sponsorship. Those applying for sponsorship must agree to financially support a Class 1 event.

Application is hereby made for use of the following school facility:

Building	Room(s) # or Field Description
On _____	

Days of Week	Date(s)	Year
_____	_____	_____

Purpose/Event \_\_\_\_\_

Times (including setup) From \_\_\_\_\_  a.m.  p.m. To \_\_\_\_\_  a.m.  p.m. Time of Event \_\_\_\_\_

Number Attending\* \_\_\_\_\_  
Youth \_\_\_\_\_ Teens \_\_\_\_\_ Adults \_\_\_\_\_ Seniors (Over 55) \_\_\_\_\_

\*Please include approximate number attending. Request will not be processed without this number.

Equipment Needed \_\_\_\_\_

We will need a cook (check one)  Yes  No

Will your event be open to vendors:  Yes  No If yes, vendors must complete a St. Francis Area Schools Sponsorship Form and follow process listed on the form.

Liability Insurance Certificate\* *Please check the appropriate box:*

Included with application  On file with Community Education\*\*  Will be mailed from \_\_\_\_\_

\*A permit for use of St. Francis Area Schools facilities will not be issued without proper insurance coverage.

\*\*Liability insurance certificate on file must be current; most certificates must be renewed annually.

***The applicant hereby agrees to abide by St. Francis Area Schools School Board policy and/or administrative procedures relating to facility use, copy of which is available upon request. Failure to comply will result in revocation of rights to use any school facilities.***

Signature of Responsible Person	Print Name	Date
_____	_____	_____

Organization \_\_\_\_\_

Type of Organization *Please check the appropriate box:*  Non Profit\*  Business  Out of District

\* If you selected Non Profit, do you have a certificate of exemption on file with Community Education  Yes  No  
If you do not have a certificate of exemption on file, please submit one with your request form.

Address	City / State / Zip
_____	_____

Cell Phone	Home Phone	Work Phone
_____	_____	_____