

## Mankato Public Schools Community Education & Recreation Dept. Facility Use Application

Rental fees shall be set at the time of application.	Cancellations must be mad	de 3 business days in advance	e of the scheduled
rental, or liability for rental fees occurs.		·	

Organization Name:			Non-Profit: 501C3 Status	Yes	No	
Contact Person:			Phone (W):			
Email address:			Cell Number:			
Address:			City:		Zip:	
Billing Address:						
Adult Supervisor (Must be present for entire event):					Phone:	
Event Name:			Activity planned:			
Facility Requested:	Room(s) Ne	eded:				
Date (s) requested: (Include set up/take down)			Time:			
(Include all dates)	Set Up:		Start:		End:	
	Set Up:					
	Set Up:		Start:		End:	
(Note: group is responsible for set-up/clean-up)						
Sound and Lights Needed $$ Yes $\Box$ No $\Box$						
Equipment needs:	-					
Estimated Total Group Size:	_					
Will a participant fee/admission be charged?	No 🗆	Yes □	Amo	unt:		
Will concessions be needed?	No 🗆	Yes □				

Will you be having your own concessions?/cafeteria?

NOTES: The organization will provide liability insurance coverage in the amount of \$1,500,000 and to indemnify the school district and hold it harmless from any liability arising from our use of the school district property. Our organization will be responsible for any and all damages to the school district property arising from our use. An adult leader who is at least 21 years of age from your organization must be present from the time of entry and remain until all participants have left the premises. If the organization does not show up for their reserved time, the organization will be charged a fee of \$30.00. The organization accepts that the school district may have to preempt our scheduled use of district facilities in which case we understand the district will give as much advance notice as possible and that any money you have paid for use of the facilities will be refunded. Groups are not allowed to show movies unless you have a license. All District Buildings are Latex Free, NO balloons, Alcohol and Smoke Free. NO FOG MACHINES.

Office Use Only:				
Date Rec'd:	Approved by:	Date Returned:	Permit #:	