



Little Falls Schools Request For Use

Please Select: Use of School Facilities: ___ Use Of Mobile Digital Sign: ___ Stationary Digital Sign Permission: ___

Organization Requesting Facility: _____

Name of Person in Charge: _____ Title: _____

Email Address: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Purpose of Activity: _____

Desired Building and Information for Specified Use:

High School Middle School Lindbergh Lincoln Dr. Knight Little Falls CEC
(Circle Building Needed)

Space Or Spaces Required: _____

Equipment Needed: _____

Number of People Expected To Attend: _____

Date or Dates Needed: (List each date needed.) _____

Days Needed (circle): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Time Involved: Arrival/Set-up: _____ Event Time: _____ Tear-Down: _____ Departure: _____

Placement of Mobile Sign: _____

My signature indicates that I have received a copy of the rental policy regarding the use of the above facility and I agree to abide by it. I agree that the group I represent will be responsible for any damage to the building or loss of its contents. I agree that I, and the group I represent, understand and will abide by all Little Falls Community School District #482 Policies that have been set forth by its Administration for the operations and expectations of District Buildings, Staff and Guests. I also agree to ensure all rental and personnel fees that apply to our organization/group for the use of Little Falls Community School District #482 are paid within 30 days of the receipt of an invoice.

Signature: _____ Date: _____

**Accounting Use Only:
Charges:**

Facility: _____

Mobile Sign: _____ \$250.00 Per Day:

\$ _____

Mileage _____ \$3.00 per mile

one-way: \$ _____

Supplies: _____

Labor: _____

Other: _____

**Information Need to Complete
Reservation:**

Hold Harmless: _____

Proof Of Insurance: _____

___ \$1 Million Binder for Facility Use

___ \$1 Hundred Thousand for Mobile

Sign Use

501(C)(3): _____

Entered On Facility Calendar: _____

Permit Number: _____

Copies Sent To:
