

# APPLICATION AND AGREEMENT FOR FACILITY USE

## Independent School District #309

Park Rapids, Minnesota

**We, the undersigned request the use of the following school district facilities:**

School	Room	month	day	year	time to open doors	time event starts	time event ends	time out of building

**Please check the category you believe your group belongs in:**

- Non-Profit Group:** School District Community Groups where the profits from this use (if any) remain in the community.
- For Profit Group:** Non School District Groups with or without admissions, selling collecting.
- Other:** (Explain) \_\_\_\_\_

**Special Needs:** (equipment, seating, lighting, microphones, etc.) \_\_\_\_\_

**Description of Activities:**

\_\_\_\_\_

**Name of Group:**

\_\_\_\_\_

**We agree to carefully supervise the activities and the facility, and to be responsible financially to the District for any damages that might occur to the facility or property due to such use, and to adhere to the rules and regulations of the school. We also agree to relieve the District from all liability and/or responsibility for any injury, damage or loss to any person participating in or attending the function, and to indemnify and hold the District harmless from such consequences. We also agree to abide by any special provisions listed by the District below.**

**Special Provisions:**

\_\_\_\_\_

**Date** \_\_\_\_\_ **Name of group** \_\_\_\_\_

\_\_\_\_\_

**Name of individual representing group** \_\_\_\_\_ **Billing address** \_\_\_\_\_

\_\_\_\_\_

**Signature of individual representing group** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

\_\_\_\_\_

**Telephone # of individual representing group** \_\_\_\_\_ **Telephone # of group** \_\_\_\_\_

**OFFICE USE ONLY --The facilities for the above request are:**

- Available
- Unavailable

\_\_\_\_\_

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Calculation of Charges (if applicable):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_