



## Tiered Facility Application 24/25 Pg. 1/2

Facility Applications are required for facility rental at WM Schools. A **Certificate of Liability** must be on file to approve an application.. Please reference facility handbook for policies, procedures and fees.

Date \_\_\_\_\_ Organization \_\_\_\_\_

### *Organization Category*

**Non Profit Groups/Organizations** that qualify for for 501c - 3 or 4 and serve 75% of WM Residents

**Non Profit Groups/Organizations** that qualify for for 501c 3 or 4 and serve less than 75% of WM Residents

**For Profit Groups/ Organizations**

### **PRIMARY CONTACT**

*Individual responsible for all communication between the organization and Comm. Ed.*

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_

### **BILLING CONTACT**

*Individual responsible for receiving and processing billing. Community Ed. will provide quotes and invoices*

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

## **FACILITY REQUEST**

Please provide details regarding your facility request. Facilities will be booked after application is approved. Community Ed. will provide a quote along with the approved application.

Date(s) \_\_\_\_\_ Times \_\_\_\_\_

Facility Location(s) \_\_\_\_\_ Description of Event \_\_\_\_\_

**Additional Requests**

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Follow Up	
All Information is included	I Will send follow up information to <a href="mailto:amy.dimmler@wm.k12.mn.us">amy.dimmler@wm.k12.mn.us</a>
<b>Certification of Liability must be submitted prior to approval of <u>ANY</u> facility Requests</b> Concession Use Application must also be submitted if applicable	

*It is the policy of this school district to grant equal access to school facilities for students who wish to conduct a meeting for religious, political, or philosophical discussion during non instruction time, pursuant to the Equal Access Act.*

*Provision of school facilities does not include consistent school district sponsorship of such meetings, and the views expressed therein may or may not reflect those of the school administration, staff, or board of education and are neither approved nor disapproved by them.*

*On behalf of my organization, I have read the Facility Contract Use Policy and will abide by it. Your facility request is complete when the complete and signed application is submitted. If you are requesting Capped User or Concession Stand the appropriate request or application must be included. Time permitting, a copy of this Facility Contract Use Application will be returned to you as confirmation of approval.*

**ORGANIZATION/GROUP**

Electronic Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*W-M Community Education Attn: Amy Dimmler  
313 Angel Avenue N.W. Watertown, MN 55388  
Telephone: 952-955-0280 Fax: 952-955-0201*

**OFFICE USE**

Permit granted by: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

- CERTIFICATE OF LIABILITY INSURANCE RECEIVED
- CONCESSION APPLICATION