

District #347-- Willmar Community Education

Facilities Request Form



Please return to:

Willmar Community Education
1234 Kandiyohi Avenue SW, Willmar, MN 56201

Phone (320) 231-8490

Email: nybergl@willmar.k12.mn.us

Name of event: _____

Name of organization: _____

Description of event/activity planned: _____

Main contact person: _____

Address: _____

Phone: _____ Email: _____

Type of organization:

___ 501c3 Non Profit

___ For Profit

___ Other: _____

Building(s):

___ Roosevelt Elementary

___ Kennedy Elementary

___ Lakeland Elementary

___ Willmar Middle School

___ Willmar High School

___ Jefferson Learning Center

___ Willmar Arts and Education Center (WEAC)

___ Other: _____

Is there a fee to participate in or watch the event?

___ No

___ Yes / Fee amount _____

Will you be serving food at the event?

___ Yes

___ No

Type of facility preferred:

___ Classroom

___ Cafeteria

___ Auditorium/Theater

___ Gymnasium

___ Athletic field: _____

___ Pool with lifeguard

___ Other: _____

Estimated number of participants: _____

Equipment needed:

___ Tables (how many?) _____

___ Chairs (how many?) _____

___ Podium

___ Internet access

___ TV/DVD

___ Overhead projector

___ Projection screen

___ Microphone/Sound System

___ Other: _____

Is this a one-time event?

___ Yes

___ No

If no, on what days of the week?

___ Sunday

___ Monday

___ Tuesday

___ Wednesday

___ Thursday

___ Friday

___ Saturday

How much time do you need for set-up and/or take down?

___ Set-up (minutes) _____

___ Take down (minutes) _____

Start Date (mm/dd/yy): _____

End Date (mm/dd/yy): _____

Event start time: _____

Event end time: _____

Additional information:

Please allow 10 business days for request to be processed.

For office use only

Date received: _____