SOWASHCO COMMUNITY EDUCATION
8400 East Point Douglas Rd. S., Cottage Grove, MN 55016
commed.sowashco.org | P: 651-425-6600 | F: 651-425-6620

Application for Use of District Facilities

Sign and return the application at least twenty days prior to the first date of the requested use.

Answer every section below. Completed applications can be mailed, dropped off or faxed.

This application does not guarantee your reservation. When confirmed, a building use rental agreement will be sent to you.

Building requested	
Date of rental	
Times requested *(Include set-up time and take-down time)*	
Rooms requested	
Equipment requested	
Purpose of activity	
How many people will attend by age group? 0-5 years _____ 6-17 years _____ 18-54 years _____ 55+ years _____	
Will admission, fees or donations be collected? *Check one* ❑ Yes ❑ No	

Applicant name		
Sponsoring organization		
Address		
City	State	Zip
Day phone *(for applicant)*	Evening phone *(for applicant)*	
Fax	Tax-exempt number	
Email		
Percentage of district residents: ❑ All ❑ 75% or more ❑ Less than 75%		
Supervision/instruction is: ❑ Volunteer ❑ Paid		

User contract:

I, the undersigned, hereby acknowledge and agree, either personally as the applicant named above or as agent on behalf of the organization named above, as follows:

- Participants shall not be allowed in the facility until a designated supervisor of this activity has arrived. The supervisor shall be an adult responsible for the security of the activity.
- If this facility is used for a longer period of time than indicated, SoWashCo Community Education will be notified so that the billing may reflect the difference. Failure to notify SoWashCo Community Education of cancellation or change of a permit at least 2 weeks in advance will result in liability for costs incurred, including scheduled staff.
- All rules and regulations of the School Board must be adhered to.
- SoWashCo Community Education/Independent School District (ISD) 833 is not liable or responsible for any accidents or injuries which may occur in the use of the facility. Responsibility for the actions of all participants in the activities and the security of the facility are assumed by the applicant/authorized agent. Liability insurance, or such other insurance as appropriate and/or required by ISD 833 shall be provided by the applicant/authorized agent.
- A damage deposit may be required 10 days in advance.
- Rental fee is due upon receipt of an approved rental agreement.
- Additional charges incurred will be billed after the event.
- There is a $10 change/cancellation fee assessed on all changes.
- Organizations renting 15 or more hours may be billed entirely upon completion of event at the discretion of SoWashCo Community Education.

_____ _____
Name of applicant/authorized agent Title

_____ _____
Signature of applicant/authorized agent Date

Approval and estimated charges

Manager: _____

Athletic Director/Principal: _____

Facility charge: _____ Staff charge: _____

Misc. charge: _____ Total charge: _____

Class: ❑ 3a ❑ 3b ❑ 3c ❑ 4

Office phone number: 651-425-6604

Revised 05/20/2025