



Adrian Public Schools

PO Box 40, 410 Indiana Ave, Adrian, MN 56110
DISTRICT OFFICE PHONE: 507-483-2266
DISTRICT OFFICE FAX: 507-483-2342

Request for Use of District Facilities

- 1) This request form must be completely filled out and turned into the District Office at least 14 days prior to the first date of requested use. This application does not guarantee your reservation.
- 2) Category B Applicants must submit your Proof of Liability Insurance as described in **Policy 902: ISD 511 Use of School District Facilities and Equipment Policy** to the District office in person or, via fax, 507-483-2342, email to r.bullerman@isd511.net or by U.S. mail.
- 3) The District may or may not charge fees as outline in **Policy 902: ISD 511 Use of School District Facilities and Equipment Policy**.

Name of Event/Activity _____

Person Making the Request _____ Phone# _____ E-mail _____

Category B Applicants Only - This person must furnish a certificate of liability insurance for limits no less than \$1,000,000 per occurrence naming the District as an additional insured. The applicant and/or organization agrees to hold harmless the District from any expenses or costs in connection with the use of school facilities or grounds.

Address: _____ City: _____ State: _____ Zip: _____

Name of Individual or Organization: _____

Type of Organization: Check Appropriate Box

____ Local Non-School Youth Clubs/Teams/Organizations - **Category A**

____ Local Non-Profit Community Service Organizations/SchoolBooster Clubs - **Category A**

____ Open Gym request - **Category A**

____ For Profit Youth Camps or Business- **Category B**

____ For Profit Organizations or Business - **Category B**

____ Other: _____

Facility Requested: Check Appropriate Box(s)

____ Practice Football Field

____ Football Game Field

____ Elementary Building

____ Gym

____ Cafeteria

____ Kitchen (Requires Food Service Staffing)

____ Media Center

____ Computer Lab

____ Classroom

____ MS/HS Building

____ Old Gym

____ New Gym

____ Wrestling Room

____ Cafeteria

____ Kitchen (Requires Food Service Staffing)

____ Media Center

____ Computer Lab

____ Classroom

____ Other: _____

Event Date(s) _____

Event Start Time _____ Event End Time _____

Number of Youth Participants _____ Grade Level(s) _____ Number of Adult Supervisors _____

Number of Adult Participants _____

Site Contact Person _____ Phone# _____ E-mail _____

(This person must be on site during the activity)

Are you charging a fee for this event? Yes _____ No _____ If so, how much? _____

Is this a funder raiser? Yes _____ No _____ For who or what purpose? _____

Equipment Needed

_____ None needed	_____ #Chairs
_____ LCD Projector	_____ #Tables
_____ Sound System	_____ #Choir Risers
_____ Podium	_____ # Outdoor Portable Bleacher Sections
_____ Laptop	_____ Portable Score Clock
_____ Other: _____	

Event Setup: Describe arrangements needed (tables, chairs, bleachers, etc.)

By signing this form, I acknowledge I have read and agree to comply with the Building Use Terms outlined in Policy **902: ISD 511 Use of School District Facilities and Equipment Policy**

Signature of Person Making the Request: _____

Date: _____

Please note: This form along with Release of Liability and Assumption of Risk form must be submitted to the District Office before the request for the use of facilities will be fully processed. We recommend not advertising your event until all the necessary paper work is turned in and you have received confirmation from the District Office for the use of facilities.

For District Office Use

Date Request Received: _____

Received Release of Liability _____ Yes _____ No

Category B Only - Date Received Certificate of Proof of Insurance _____ Company _____

Date Event Approved: _____ Date Event Denied: _____

Reason for Denial: _____

Date Confirmation/Denial Letter Sent: _____

Facility Use Fee Charged: \$ _____

Equipment Fee Charged: \$ _____

School Personnel Fee Charged: # Regular Hours _____ @ \$25= \$ _____

Overtime Hours _____ @ \$34= \$ _____

Total Fees Charged: \$ _____

Date Payment Received: _____