

Organization Name \_\_\_\_\_  
(EX: Shoreview Park and Rec, Scouts Troop #419, Mounds View Basketball Association)

Event Title \_\_\_\_\_ (scout meeting, volleyball tournament/practice, banquet, etc)

Describe your activity: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # Work \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Person supervising event if different from contact person (name and phone #) \_\_\_\_\_

**Organization Status (See Facility brochure to determine your status)**

District Youth \_\_\_\_\_ District Adult \_\_\_\_\_ Non-Resident (Youth or Adult) \_\_\_\_\_ Commercial \_\_\_\_\_

- To qualify for district resident rates, you must have 80% of the participants from the Mounds View District. Rosters with names & addresses of participants may be required to verify 80% of resident status for priority scheduling.

**Expected Attendance: # of youth** \_\_\_\_\_ **# of adults** \_\_\_\_\_

Day	Date	School Requested (see list below)	Facility Space requested (Ex: Gym, Cafeteria, Auditorium, Stadium, Fields, etc)	Event Start Time	Enter Facility time	Leave Facility time

**Equipment needed from school district:**

AV \_\_\_\_\_ # of Tables \_\_\_\_\_ # Of Chairs \_\_\_\_\_

Other \_\_\_\_\_

**CANCELLATIONS: You must notify the Community Education office 48 hours prior to event. No show fee is \$30.**

**LIABILITY:** The responsibility and liability for injury to persons or damage to property must be assumed by the organization and/or the individual responsible for making application. Outside organizations using the school district facilities are required to furnish a certificate of insurance confirming liability coverage in the minimum amount of \$1,000,000 per person and \$2,000,000 per occurrence. We also require that District 621 be named as the certificate holder. *If insurance certificate is not provided by renter at least 5 working days before event the permit will be revoked.* The school district's liability insurance does not provide protection to organizations using its facilities.

I hereby certify that I am an agent of the above named organization and have been authorized to accept in their name the responsibility for observance of the rules and regulations as stated in Policy/Regulations #EG-5152 of the Board of Education as a condition of the issuance of this permit. I understand that the permit for the use of school facilities may be cancelled if any of the rules are violated.

**I have read and understand the Policy/Regulations EG-5152 Public Use of School Facilities**

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

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