

Facility Request Form

From must be submitted at least 10 days prior to date of request

Email: Barbara.montero@moundsvIEWSchools.org

Fax: 651-621-6046 - Direct Dial 651-621-6055

Mail: Mounds View Public Schools

4570 Victoria St N., Shoreview, MN 55126

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

We will be serving food: Yes _____ No _____ If, yes please describe _____
If "yes" an additional permit may be required

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: _____