

REQUEST FOR USE OF SCHOOL FACILITIES

WRENSHALL SCHOOL
207 PIONEER DRIVE
WRENSHALL, MN 55797
218-384-4274

CONTACT PERSON	DATE REQUESTED	DATE SUBMITTED
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CONTACT ADDRESS	PURPOSE OF ACTIVITY	CONTACT PHONE NUMBER
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REQUESTING GROUP	REQUESTED DATE / TIME	FACILITIES REQUESTED
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CHECK ONE: <input type="checkbox"/> School Organization <input type="checkbox"/> Community Organization <input type="checkbox"/> Private party <input type="checkbox"/> Other	DAY OF WEEK _____ TIME FOR ACTIVITY _____ to _____ ANTICIPATED NUMBER ATTENDING _____	<input type="checkbox"/> Gym <input type="checkbox"/> Multi-purpose Room <input type="checkbox"/> Cafeteria <input type="checkbox"/> Kitchen <input type="checkbox"/> Classroom: How many? _____ <input type="checkbox"/> Other - Specify: _____
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ACTIVITY DETAILS	SERVICES REQUIRED
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ACTIVITY WILL BE OPEN TO: <input type="checkbox"/> General Public <input type="checkbox"/> Members of Group Only <input type="checkbox"/> Restricted to _____	CHARGES TO PARTICIPANTS: <input type="checkbox"/> No fee or admission <input type="checkbox"/> Admission fee of \$ _____ <input type="checkbox"/> Donations Requested	<input type="checkbox"/> Cafeteria Staff <input type="checkbox"/> Custodial Staff <input type="checkbox"/> Other - Specify: _____
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FEES	EQUIPMENT
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<p style="text-align: center;"><u>A \$100 damage deposit is required.*</u></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">\$50/hr - Gym</td> <td style="width: 50%;">\$50/hr - Cafeteria</td> </tr> <tr> <td>\$50/hr - Commons</td> <td>_____</td> </tr> <tr> <td>\$25/hr - Classroom</td> <td>Other: _____</td> </tr> <tr> <td>\$50/hr - Multi-purpose Room</td> <td></td> </tr> </table>	\$50/hr - Gym	\$50/hr - Cafeteria	\$50/hr - Commons	_____	\$25/hr - Classroom	Other: _____	\$50/hr - Multi-purpose Room		<p style="text-align: center;"><u>Off-site equipment use requires a \$25 refundable deposit.</u></p> <p style="text-align: center;"><i>Check all that apply</i></p> <input type="checkbox"/> Audio/Visual <input type="checkbox"/> Tables - How many? _____ <input type="checkbox"/> Chairs - How many? _____ <input type="checkbox"/> Canopy <input type="checkbox"/> Other - Specify: _____
\$50/hr - Gym	\$50/hr - Cafeteria								
\$50/hr - Commons	_____								
\$25/hr - Classroom	Other: _____								
\$50/hr - Multi-purpose Room									

ADDITIONAL COMMENTS / REQUIREMENTS:

 RETURN DATE FOR EQUIPMENT: _____

**** I accept responsibility for the clean up in the area that I am using, including all promotional materials. I understand that the school district is not responsible for any items left behind. If the area is not cleaned I agree to pay the hourly rate for necessary custodial work. I accept full responsibility for all damage done to the facility and/or equipment. *I understand that my deposit may be used to offset any cost to replace or repair damage or any necessary cleaning costs. I understand my deposit will be refunded upon inspection if no damage or cleaning charges have occurred.***

_____	_____	_____
CONTACT SIGNATURE	DATE	RENTAL AMOUNT

Facility/Equipment checked out by: _____ Facility/Equipment checked in by: _____

Please return signed form with payment (including required deposit) to Community Ed.
You will be contacted to confirm your request.