

APPLICATION FOR USE OF ST CLOUD AREA SCHOOL DISTRICT FACILITIES

St Cloud Area Community Education
216 8th Avenue North
Waite Park, MN 56387
Phone (320) 529-6500 Fax (320) 529-4301

Please type or print * complete form, sign and date * 10 day advance notice is required

Organization Name _____ Contact Name _____

Address, City, State, Zip _____

Home Phone _____ Work Phone _____ Fax _____ Email _____

Organization is: District Private Non Profit (Tax Identification Number _____) Resident: Yes / No

Building Requested _____ Space(s) Needed _____

Date(s) Needed (include set up/take down) Attach additional sheets if necessary _____

Access Needed by (date/time) _____ Event Start Time _____ Event End Time _____

Describe the intended use of the school facility _____

Special requests for AV equipment or services (kitchen, lighting) _____

Estimated # of Participants _____ Youth (0-12) _____ Teen (13-18) _____ Adults

What percentage are residents of District 742 _____ All _____ 75% _____ <75%

USER PERMIT

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

1. Participants shall not be allowed in the facility until a designated supervisor(s) of the activity has arrived. The supervisor(s) shall be an adult and responsible for security of the activity.
2. If this facility is used for a longer or shorter period of time than indicated, the Community Education Office will be notified so that the billing may reflect the difference, if any. It is further acknowledged and agreed that failure to notify the Community Education Office of cancellation of a permit for use of school facilities prior to the time requested will result in liability for any costs incurred.
3. It is acknowledged and agreed that responsibility for observance of the rules and regulations of the School Board is a condition to the issuance of this permit.
4. It is acknowledged and agreed that Community Education Office and St Cloud Area School District 742 are not liable or responsible for any accidents or injuries which may occur in the use of the facility. It is further acknowledged and agreed that responsibility for the actions of all participants in the activities are assumed by the applicant contact person. It is further acknowledged and agreed that liability insurance, or such other insurance as appropriate and/or required by St Cloud Area School district shall be provided by the applicant/organization.

_____/_____
Signature of Applicant Date

You will be billed after use, payment is due 15 days after receipt of bill.

APPROVAL For Office Use Only

Security Charge _____	Class _____
Custodial Charge _____	Deposit Received _____
Space Charge _____	Date Received _____
Equipment Charge _____	Permit Number _____
TOTAL ESTIMATED CHARGES _____	Office Approval _____

Comments: _____