

FACILITY USE AGREEMENT

**Return to:**

Tiger Activity Center

700 Elm Ave

Delano, MN 55328

Fax: 763-972-6706

Phone: 763-972-3365 ext. 2129

- Make Payment to Delano Public Schools
- All Payments are **Due Upon Receipt** of This Confirmation

Organization/Group/Primary Contact

Organization Name: _____

Primary Contact: _____ Email: _____

Street Address: _____ Home Phone: _____

City, State, Zip Code: _____ Work Phone: _____

Organization Type (Check ALL that apply):

 Adult Youth School Group Profit Non-Profit 879 Resident Fundraiser TAC Member

Date and Time Requested

Date(s) Requested: _____ **Single Use Request Date:** _____ (Or) Is this a Weekly (or) Monthly **Event?**
If this activity recurs weekly: Circle day: Su M T W Th F Sa **Start Date:** _____ **End Date:** _____

For all other requests including monthly activities please list ALL dates: _____

Time Requested: _____ **Start Time:** _____ Additional time needed for set-up: _____

End Time: _____ Additional time needed for clean up: _____

Building Requested

 Elementary School Middle School High School Community Ed Building Tiger Activity Center

Room Type Requested

 Auditorium Cafeteria Kitchen Media Center Art Room Pool (MS) FACS Room

 Classroom(s) (amount needed) _____ Gymnasium

Tiger Activity Center Wood Court: # of Courts _____ Synthetic Court (TAC): # of Courts _____

Court Setup Needs- Batting Cage Tennis Court Volleyball Court Concession Stand

Specify Activity: _____

Expected number of participants (required) Youth _____ Adult _____

 Is this activity a fundraising event? Yes No Will fees be charged? Yes No Food/Drink served? Yes No

Equipment and Set-Up Needs

 Upright Piano Sound System (including Microphone) Baby Grand Piano VCR/TV

 Stage Lighting Follow Spots Table (cafeteria type) # _____ Extra Chairs # _____ (up to 50) Score Board

 Other (Please Specify) _____ Custodial additional time ___ hrs Food Service additional time ___ hrs

Set up Needs: _____

Facility Fee: _____

Other Fees: _____ Staffing Fees: _____

 Copy of Certificate of Insurance Copy of Tax exempt Certificate **Total Fees Due:** _____

Liability: The permit holder agrees to assume all responsibility for damage or liability of any kind and to hold faultless the district and its employees from any expense in connection with the use of the school facilities and/or equipment. I the undersigned, represent the above organization and I am authorized to accept in its name the responsibility of the group and observance of ISD 879 facility use Procedures.

 Authorized Signature (Must be 21 or older)

 Date of Application

I have read and understand rules and regulations outlined on the back of this form.

Office Use:
 Cash Check Credit Card

Date received: _____