

St. Francis Area Schools

Community Education • 3325 Bridge Street, St. Francis, Minnesota 55070
763-213-1589 • www.communityed15.org • www.isd15.org

Request to Use School Facilities

Please return this form at **LEAST TEN (10) BUSINESS DAYS** event to:

ISD 15 Community Education/Facilities Use

3325 Bridge Street, St. Francis, MN 55070 – or – FAX to 763-213-1710

A \$10 permit fee must be submitted with each facility request.

Businesses, individuals or user groups that would like to sell or market a product/service in conjunction with any St. Francis Area Schools function or event (athletics, activities, Community Education class or event, other District events) must obtain an St. Francis Area Schools sponsorship. Those applying for sponsorship must agree to financially support a Class 1 event.

Application is hereby made for use of the following school facility:

Building	Room(s) # or Field Description
On _____	_____

Days of Week	Date(s)	Year
_____	_____	_____

Purpose/Event _____

Times (including setup) From _____ a.m. p.m. To _____ a.m. p.m. Time of Event _____

Number Attending* _____
Youth _____ Teens _____ Adults _____ Seniors (Over 55) _____

*Please include approximate number attending. Request will not be processed without this number.

Equipment Needed _____

We will need a cook (check one) Yes No

Will your event be open to vendors: Yes No If yes, vendors must complete an ISD 15 Sponsorship Form and follow process listed on the form.

Liability Insurance Certificate* *Please check the appropriate box:*

Included with application On file with Community Education** Will be mailed from _____

*A permit for use of ISD 15 facilities will not be issued without proper insurance coverage.

**Liability insurance certificate on file must be current; most certificates must be renewed annually.

The applicant hereby agrees to abide by ISD 15 School Board policy and/or administrative procedures relating to facility use, copy of which is available upon request. Failure to comply will result in revocation of rights to use any school facilities.

Signature of Responsible Person	Print Name	Date
_____	_____	_____

Organization _____

Type of Organization *Please check the appropriate box:* Non Profit* Business Out of District

* If you selected Non Profit, do you have a certificate of exemption on file with Community Education Yes No
If you do not have a certificate of exemption on file, please submit one with your request form.

Address	City / State / Zip
_____	_____

Cell Phone	Home Phone	Work Phone
_____	_____	_____