

FOR OFFICE USE ONLY

Route to:	<input type="checkbox"/> Paul Clauson	<input type="checkbox"/> J. Pesta	<input type="checkbox"/> Supt Sec.	Permit # _____
	<input type="checkbox"/> M/HS Custodians	<input type="checkbox"/> K. Schuermann	<input type="checkbox"/> Athletic Director	Date Entered: ___/___/___
	<input type="checkbox"/> ES Custodians	<input type="checkbox"/> M. Ryan	<input type="checkbox"/> Other	<input type="checkbox"/> Key Request

K-W FACILITY USE REQUEST

Independent School District #2172 400 Sixth St. Kenyon, MN 55946
 507.789.7015 * abelcher@kw.k12.mn.us * FAX 507.789.6104

1. Complete and send or bring to the K-W Community Education Office. If event changes or is cancelled, please notify Community Education. **Facility Requests are not accepted over the phone or by email.**
2. Arrangements for use of facilities must be made at least two weeks in advance of an event. Community Education will confirm building requests. Exceptions will be made on a case by case basis.
3. Your signature on the bottom of this form acknowledges that you have read the ISD facility policies and will follow their guidelines.
4. Hold Harmless Agreement: The sponsoring organization submits this application with the definite understanding that under no circumstances shall the Board of Education, its individual members, or any member of the school staff be held liable for any personal injury or damage to property which may occur while in the school facilities. The renters understand that the renters will be held responsible for any damage done while the facility is being used.

APPLICATION FOR USE OF FACILITIES

Name of Organization or Individual: _____

Event: _____ # Participants: _____

School Desired: _____ Room(s) Needed: _____

Date of Event (if multiple use space below): _____ Day of Week: _____

Event Start Time: _____ am/pm Ending Time: _____ am/pm Setup Date/Time: _____

 Multiple Dates Needed: _____

EQUIPMENT DESIRED

Please specify the number of each item desired. Quantities and equipment available vary by building, you will be notified if we cannot accommodate your request for equipment. It will be the renter's responsibility to secure additional equipment from an outside source if not available through the school district. Items marked with a \$, are available at an additional fee.

<input type="checkbox"/> round tables	<input type="checkbox"/> DVD player/TV	<input type="checkbox"/> spotlight	<input type="checkbox"/> basketballs
<input type="checkbox"/> rectangle tables	<input type="checkbox"/> LCD projector	<input type="checkbox"/> stage lights	<input type="checkbox"/> volleyballs
<input type="checkbox"/> chairs	<input type="checkbox"/> sound system	<input type="checkbox"/> house lights	<input type="checkbox"/> volleyball nets
<input type="checkbox"/> bathrooms	<input type="checkbox"/> risers	<input type="checkbox"/> microphone	<input type="checkbox"/> scoreboard
<input type="checkbox"/> podium	<input type="checkbox"/> piano	<input type="checkbox"/> cordless microphone	<input type="checkbox"/> wrestling mats
<input type="checkbox"/> screen	<input type="checkbox"/> grand piano	<input type="checkbox"/>	<input type="checkbox"/> bleachers

Special Requests: _____

*Please attach a sketch of set up request for tables and chairs (only when paying for a custodian)

Upon approval of facility request, confirmation will be sent via email or by regular mail if an email address is unavailable.

This application is made subject to the rules and regulations of the Board of Education. I have read all of the conditions of use policies and I and all participants agree to comply with these. The Board of Education reserves the right to cancel any permit.

 Name of Applicant Home Phone Office Phone Cell Phone

 Street Address City/State Zip Email address (please print legibly)

 Signature of Applicant Date