



Menahga Public Schools District #821

Facility Use Request Form

Group Name _____ Date of Use _____ S M T W Th F S
Contact Person _____ Set Up Time: _____ AM PM
Purpose _____ Event Time: _____ AM PM
Estimate Number Attending _____ End Time: _____ AM PM

Indoor / Outdoor Space / Rooms Needed *Fees listed below are subject to change. Rates apply to the first 2 hours of rental.*

- | | |
|--|---|
| ☐ High School Commons..... \$ <u>150.00</u> | ☐ District Conference Room..... \$ <u>50.00</u> |
| ☐ High School Gymnasium..... \$ <u>150.00</u> | ☐ Elementary Conference Room..... \$ <u>50.00</u> |
| ☐ Cafenadium..... \$ <u>100.00</u> | ☐ Classroom # _____ \$ <u>50.00</u> |
| ☐ Multi-Purpose Room..... \$ <u>100.00</u> | ☐ Other _____ \$ _____ |
| ☐ High School Media Center..... \$ <u>75.00</u> | ☐ Menahga Public School Sport/Activity Group (No Rental Fee) |
| ☐ FACS Room..... \$ <u>75.00</u> | |
| ☐ Elementary Gym/Stage..... \$ <u>100.00</u> | |

Custodial Fee: \$ 50.00 per hour.

*Custodial fee DOUBLES on Sundays & holidays.

A custodial fee will be charged hourly starting after the first two hours of rental.

All groups over 100 participants will require proof of insurance. Please attach or mail a copy of your certificate of insurance to Menahga Public Schools, PO Box 160, Menahga, MN 56464. You may purchase insurance for your event through <https://msbait.campusconnexions.com/product/tulip-tenant-user-liability-insurance/> OR pick up a form in the District Office.

Will food be served at your event? (If so, additional information will be needed.) ☐ Yes ☐ No

Special Requests / Equipment / Comments: _____

Approval Qualifications:

1. All requests for the use of facilities by any group are to be made through the District Office **at least 2 weeks prior to the event.**
2. This request must be authorized by the Superintendent / Community Education Director.
3. A bill will be sent to the group after the rental date by the District Office, which will list all charges, including any charges for damage. Any additional costs incurred by the District will be billed to the group.
4. If your event is cancelled, please call 218-564-4141 within two days, or you may be charged the rental fee.
5. The rental fee will be used by the School District to cover the costs of providing: (a) the room, (b) light and heat, and (c) custodial service / staff / etc.
6. The renting group will set up and restore the room as found.
7. The custodian will inspect the facilities to be used before and immediately after use and report any damage to the Superintendent.

Signature of Contact Person (I consent to the above.)

Date: _____

Billing Address: _____ Phone: _____

For Office Use Only:

School District Authorization: _____	Date: _____
Fees (If applicable):	
Rental Fee \$ _____	Technician \$ _____ Custodial \$ _____
Supervisor \$ _____	Damage \$ _____ TOTAL: \$ _____
Other \$ _____	Please pay this amount.