

**FILLMORE CENTRAL PUBLIC SCHOOLS  
FACILITY REQUEST FORM**

Please return this form to:

**High School**

145 Main Ave S.  
Harmony, MN 55939  
(507) 886-6464  
(507) 765-9870  
Fax (507) 886-6642

**Elementary School**

702 Chatfield St.  
Preston, MN 55965  
(507) 765-3809  
(507) 886-2789  
Fax (507) 765-2367

**NOTE: YOUR DATE IS ONLY TENTATIVE UNTIL YOU RECEIVE AN APPROVED COPY OF THIS FORM.**

Organization: \_\_\_\_\_  
 Event/Activity: \_\_\_\_\_ Date (s) Requested \_\_\_\_\_  
 Liability Insurance Carrier\* \_\_\_\_\_  
 Policy # \_\_\_\_\_ Organization Contact \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

*\*Copy of Insurance Binder/Policy to be attached*

**REQUEST/ACTIVITY SPECIFICS**

Building HS /ES/Room Requested: \_\_\_\_\_  
 Equipment Requested: \_\_\_\_\_  
 Time of Event: \_\_\_\_\_  
 Time for Set-up (if required) \_\_\_\_\_  
 Supervisor (Name & Phone #) \_\_\_\_\_  
 Approx. # of Attending: \_\_\_\_\_  
 Set Up Requests: \_\_\_\_\_

<p><b>Rental Fee: See User Policy</b></p> <p>Class I-Not Applicable _____                  Class II-Amount _____                  Class III-Amount _____                  Uninsured User _____                  Fee Amount _____</p>	<p><b>\$50 Deposit Due Prior To Event</b></p> <p>Received-Date _____                  Received-Date _____                  Not Returned _____                  Not Applicable _____</p>	<p><b>Bldg. Supervisor/Custodial Fee:</b></p> <p>Note: Bldg. Supervisor fee is required for all tournaments &amp; other activities open to the public.</p> <p>_____ \$15 Per Hr., Per Event SUPERVISOR                  _____ \$20 Per Hr., Per Event CUSTODIAL                  _____ Not Applicable</p>
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I (We) undersigned, understand and agree to abide by the conditions set forth by the  
 "Utilization of School Facilities and Equipment" Application -Fillmore Central School Board

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Total Amount Due: \_\_\_\_\_ Date Received \_\_\_\_\_

**Signatures of Authorization**

**Building & Grounds Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Administrator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Copies To:**  
 Building Administrator, Applicant, Building & Grounds Director