

Caledonia Area Public Schools

Independent School District 299, Caledonia, MN 55921

Facilities Use Form

Today's Date: _____

Requested by _____ Date of Activity _____

Activity/Purpose _____

Address if Class III/IV _____ Email _____

Adult responsible for supervision _____ Phone _____

Date	Doors Open	Start Time	End Time
_____	_____	_____	_____
_____	_____	_____	_____

Number of people expected: Adults _____ Youth _____ Grade/Age _____

Enclose \$10 non-refundable application fee for Class III/IV
Certificate of liability insurance is required for Class III/IV _____ Can Provide _____ Cannot Provide _____

Middle/High School

- Gym
- Performing Arts Center (PAC)
- Multi-Purpose Gym
- Kitchen
- Commons Area
- Media Center
- Classroom # _____
- Conf Rm C141
- Conf Rm A148 or E120
- Other _____

Elementary School

- Gym
- Multi-Purpose Rm
- Cafeteria/Kitchen
- Cafeteria
- Media Center
- Classroom # _____
- SAC Rm
- Board Room
- Other _____

***If using the commons or the PAC at the MS/HS, please fill out the back page**

Equipment Requested:

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Supply Own | <input type="checkbox"/> Portable Amp/PA |
| <input type="checkbox"/> LCD Projector Only | <input type="checkbox"/> W/Computer | <input type="checkbox"/> Podium |
| <input type="checkbox"/> VCR | <input type="checkbox"/> DVD Player | <input type="checkbox"/> Mics _____ Wired _____ Wireless (How Many?) |
| <input type="checkbox"/> Portable Screen | | <input type="checkbox"/> Spot Light |
| <input type="checkbox"/> Internet Access | | <input type="checkbox"/> Piano |
| <input type="checkbox"/> Video Camcorder | | <input type="checkbox"/> Extension Cords |
| <input type="checkbox"/> Lunch Tables _____ (How Many?) | | <input type="checkbox"/> Coffee Pot |
| <input type="checkbox"/> Tables _____ 8ft _____ 6ft _____ Chairs (How Many?) | | |

I hereby certify that I am an agent of the above named organization and agree to abide by the Caledonia Area Public Schools Facility Use Policy and to assume the responsibility of our organization while using this facility.

Authorized Signature of Organization: _____ Date: _____

OFFICE USE ONLY

Personnel Fee: _____
Rental Fee: _____
Other Fees: _____

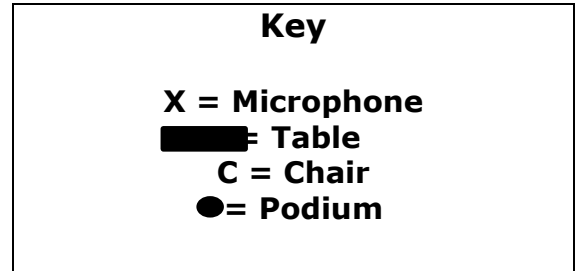
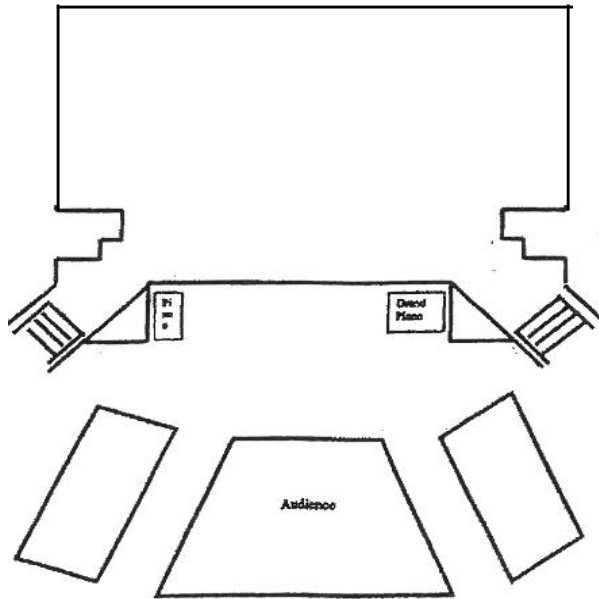
District personnel required:
 Custodian
 Cook
 Building Supervisor
Other: _____

Date Received: _____
Approved By: _____

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Performing Arts Center Stage Set Up



Commons Set Up

