

Caledonia Area Public Schools

Independent School District 299, Caledonia, MN 55921

Facilities Use Form

Today's Date: _____

Requested by _____ Date of Activity _____

Activity/Purpose _____ Adult Responsible for Supervision _____

Email _____ Phone Number _____

Date	Doors Open	Start Time	End Time

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

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 _____

Technology	Other	Personnel *Additional fees will apply
Projector	Podium	Custodian
DVD Player	Lunch Tables – How Many?	Cook
Internet Access	8ft Tables – How Many?	Building Supervisor
Handheld Mic	6ft Tables– How Many?	Sound/Light Booth Tech
Clip-On Mic	Chairs – How Many?	
Other:	Other:	Other:

***If you need a specific set up in the PAC or Commons area, please let the Community Ed Office know**

Certificate of liability insurance is required for Class III/IV _____ Can Provide _____ Cannot Provide

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

Date Received: _____

Rental Fee: _____

Approved By: _____

Personnel Fee: _____

Total Fee Due: _____

Class III/IV Application Fee (\$10): _____

Permit #: _____