



# Lester Prairie Schools Facility Use Application



Day(s)/Date(s) Requested: \_\_\_\_\_

- This is a ONE TIME request for use
- This is an ONGOING request from \_\_\_\_\_ to \_\_\_\_\_

Event Start Time: \_\_\_\_\_ AM / PM      Event End Time: \_\_\_\_\_ AM / PM

Area Desired for Use (check all that apply):

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> North Gym        | <input type="checkbox"/> Commons        | <input type="checkbox"/> Classroom    |
| <input type="checkbox"/> South Gym        | <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Stage        |
| <input type="checkbox"/> Batting Cage     | <input type="checkbox"/> Media Center   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Music Room     |                                       |

Special Requests (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Chairs - # _____         | <input type="checkbox"/> Microphone(s) - Gyms/Stage only |
| <input type="checkbox"/> Tables - # _____         | <input type="checkbox"/> Sound Board - Gyms/Stage only   |
| <input type="checkbox"/> Extension Cord - # _____ | <input type="checkbox"/> Light Board - Stage only        |
| <input type="checkbox"/> TV monitor               | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> LCD Projector            |  |

Purpose of this Request/Activity: \_\_\_\_\_

Estimated Number of Participants: \_\_\_\_\_ Youth (0-18)      \_\_\_\_\_ Adult (19+)

Group Making Request: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Bill to (Provide Name and Address, *if different from above*) - Fees may be assessed per the Facility Use Fee Schedule:

\_\_\_\_\_

Please indicate how adequate supervision will be provided:

\_\_\_\_\_  
\_\_\_\_\_

*I, the undersigned, hereby acknowledge and agree, either personally as the above named individual or as a representative on behalf of the above named organization, as follows: ISD 424 is not liable or responsible for any accidents, injuries, or damage which may occur in the use of the facility; responsibility for the actions of all participants in the activities and the security of the facility are assumed by the individual/organization; and liability insurance, or such other insurance as appropriate and/or required by ISD 424, shall be provided by the individual/organization. I have read and agree to abide by all of the rules and guidelines listed in ISD policy 902 - Use of School District Facilities and Equipment.*

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed form at least 10 days prior to first requested date to:  
ISD 424 Community Education  
131 Hickory Street North  
Lester Prairie, MN 55354

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**Office Use Only**

User Category:    2       3       4

	# Hours	Rate	Total
Facility Fees			
Custodial			
Supervision			
Equipment Issued			
-\$50 Deposit	<b>Date Rec'd/Issued</b>	<b>Date/Amount Returned</b>	-----
____ Concession Stand			
____ Key/Fob # _____			
Total Fees Billed			

Individual/Group Insurance Company Name: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Amount Rec'd: \_\_\_\_\_