



Le Sueur-Henderson

Application, Permit and Invoice for Use of School Facilities

This form also serves as the billing invoice to the organization if payment is due to the district for use of equipment/facilities. Application must be completed and returned to the Community Education office no later than one week prior to use. Fax to Community Education at 507-665-4187. Mail to 706 Turril Street, Le Sueur, MN 56058. Phone 507-665-4620 .

Person in Charge of Activity _____

Sponsoring Organization _____

Address _____ Phone Number _____

Purpose of Type of Activity _____ Approximate # of people _____

Building Rental _____ High School _____ Park Elementary _____ Hilltop _____ Ziebarth

Area or Rooms _____ Will food and/or beverages be served? _____ Yes _____ No

List all days and dates of proposed use:

Day _____ Date _____ Day _____ Date _____ Day _____ Date _____

Day _____ Date _____ Day _____ Date _____ Day _____ Date _____

Day _____ Date _____ Day _____ Date _____ Day _____ Date _____

Day _____ Date _____ Day _____ Date _____ Day _____ Date _____

Day _____ Date _____ Day _____ Date _____ Day _____ Date _____

Time doors are to be opened _____ AM _____ PM Time of departure _____ AM _____ PM

Times vary, please list _____

What special equipment or room arrangements are needed? _____

Name of Insurance Agency and Agent _____

The Board of Education strongly recommends that groups using a school facility secure the proper insurance.

LIABILITY STATEMENT

The purpose of this statement is to determine liability in the event of damage to buildings and /or bodily injury that occurs as a result of the applicant or organization using the facility. Any individual or group who is authorized to use the school facilities may be judged responsible for liabilities resulting from bodily injuries or building damages that occur during the time the facility is authorized for use by the applicant. By signing below, you are indicating that your have read and understand this liability and that you agree to pay rental fees and custodial or building supervisor fees.

Supervision and Cleaning

I also take responsibility for supervising the actions of my group while they occupy the building. I understand that the school buildings are tobacco-free, and alcohol is not allowed on the premises. Further, I understand that I must restore the room to its original condition. If additional custodial time is required, I understand that I will be charged for these services.

Signature _____ Date _____

Office Use Only

\$5 Permit Fee (for non staffed events) \$ _____

Equipment Rental \$ _____

Custodial fee \$ _____

Building Supervisor fee \$ _____

Other Charges \$ _____

Total due \$ _____ Downpayment \$ _____

Date of payment _____ Cash _____ Check _____ CC

Amount due at time of event \$ _____

Custodian booked _____

Building Supervisor _____

Signature of Community Education Director

Date