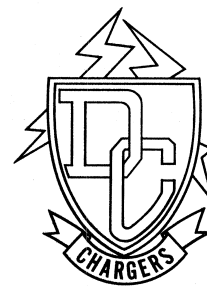


Dassel-Cokato Independent School District 466
REQUEST FOR USE OF SCHOOL FACILITIES



RETURN APPLICATION TO:

Dassel-Cokato High School • Attn: Patti Kampa
PO Box 1600 • 4852 Reardon Ave SW
Cokato, MN 55321
Phone: 320-286-4100 x1813 • Fax: 320-286-4211

Request By: _____
Name of Person Applying for the Permit

Organization Name: _____

Organization Type: School Group Community Non-Profit Private for Profit Out-Of-District

Type of Activity: _____ Number Attending: _____

Is this a Fundraiser?: Yes No Will Admission be Charged?: Yes No

Activity Begins: _____ AM / PM Activity Ends: _____ AM / PM

Set-up Time Needed Before Event: _____ Tear Down Time Needed After Event: _____

Address of Organization: _____

Person in Charge (on site during usage time): _____

Business Phone: _____ Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Building Requested: _____ Room(s) Requested: _____

Date(s): _____
(Please be specific. Attach separate sheet with specific, individual dates if needed)

Equipment Needs (Please check all that apply. Fees may be accessed):

PA System: _____ TV/VCR/DVD: _____ Podium: _____

Microphones (How Many?): _____ Projection Screen: _____ White Board: _____

Choral Shells (How Many?): _____ Chairs (How Many?): _____ Tables (How Many?): _____

Cafeteria Tables (How Many?): _____ Risers (How Many?): _____ Piano: _____

Overhead Projector: _____ Pit Removal/Replacement (\$600): _____ PAC Elevator Use: _____

Other: _____

Comments: _____

LIABILITY: The applicant is responsible for the activity. The specific person on site in charge of the activity, if different than the applicant, needs to be stated above. The person in charge during usage time represents the applicant and organization.

I have read and understand the rules and regulations for community use of school facilities. I hereby certify that I am an agent of the above named organization and I am authorized to accept, in their name, the responsibility for observance of the rules and regulations for use of school facilities. I further agree that the above names organization, its officers and members, shall be liable for claims arising from actions of its guests and attendees while using District 466 school facilities and grounds during the term of this event.

Signed: _____ Phone: _____

Address/City/Zip: _____

*** NO ACTION WILL BE TAKEN IF REQUEST FORM IS NOT COMPLETED IN FULL ***