

Anoka-Hennepin ISD #11 PERMISSION TO USE FACILITIES

Group _____ Activity _____

Scheduling Priority Classification: A B C D E F Number Attending: Youth _____ Adult _____

Building _____ Space Needed _____

Personnel Needed _____ Equipment Needed _____

Other Comments _____

Date	Time	Date	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONTACT PERSON

Name _____ Address _____

City _____ Zip _____ E-Mail Address _____

Home Phone _____ Work _____

My signature indicates that I have received a copy of the Anoka-Hennepin ISD #11 Facility Use Policy, Procedures and Fee Schedule regarding the use of a facility and/or equipment and agree to abide by it.

The undersigned, in his/ her individual capacity and on behalf of the organization, represents and further agrees that the organization shall hold the District harmless and indemnify the District for any and all damages, costs, and expenses including attorney's fees, incurred, suffered, or claimed by any person arising out of the organization's negligence or use of the premises and/or the parking facilities on or adjacent thereto.

Signature _____ Date _____

Insurance Co. Name* _____ Policy or Certificate No. _____

*District requires proof of insurance for all rentals.

*****For Office Use*****

Revised 8/1/05

Facility Usage Fees*

Personnel Charges*

Facility Use Charges _____ @ \$ _____ /hr = \$ _____

_____ @ \$ _____ /hr = \$ _____

Equipment Charges _____ @ \$ _____ /day = \$ _____

_____ @ \$ _____ /day = \$ _____

Building Security _____ @ \$14/hr = \$ _____

Custodial _____ @ \$28/hr = \$ _____

Kitchen Staff _____ @ \$26/hr = \$ _____

Theater Technician _____ @ \$11/hr = \$ _____

Building Specialist _____ @ \$28/hr = \$ _____

Other Charges _____

Other Charges _____

Comments _____

Total Charges* _____

Prepayment \$ _____ Date Paid _____

Date Approved _____

Signature – CED Office Staff or School Administrator

***Estimated Charges**