

**Anoka-Hennepin Schools  
Anoka-Hennepin Community Education  
FACILITIES USE REQUEST FORM**



**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** \_\_\_\_\_ **Cell** \_\_\_\_\_

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 7/14

**Facility Usage Fees\***

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

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

Other Charges \_\_\_\_\_

Comments \_\_\_\_\_

Signature – CED Office Staff or School Administrator

**Personnel Charges\***

Building Security \_\_\_\_\_ @ \$15/hr = \$ \_\_\_\_\_  
 Custodial \_\_\_\_\_ @ \$32/hr = \$ \_\_\_\_\_

Kitchen Staff \_\_\_\_\_ @ \$25/hr = \$ \_\_\_\_\_  
 Theater Technician \_\_\_\_\_ @ \$12/hr = \$ \_\_\_\_\_

Other Charges \_\_\_\_\_

Total Charges\* \_\_\_\_\_

Prepayment \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

Date Approved \_\_\_\_\_

**\*Estimated Charges**