

Please complete this application form with dates and times desired.

Sign and return the application at least three week prior to the first date of requested use.

This application does not guarantee your reservation. When confirmed by our office, a building use permit will be sent to you.

Single Event Reservation

Event Title	Room/Location	Day & Date	Event Start Time	Event End Time	Amount of Set-up Time Needed	Amount of Clean-up Time Needed

Reoccurring Event Reservation

Event Title	Room/Location	Event Start Time	Event End Time	Amount of Set-up Time Needed	Amount of Clean-up Time Needed
	Alternative Room/Location	Consistent Day of the Week	Consistent Week of Month	Beginning Date	Ending Date
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W Th F S Su	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 st 2 nd 3 rd 4 th 5 th		
<u>Inconsistent Schedule:</u> List of Specific Dates					

Organization & Individual Responsible

Organization Name: _____ Contact Person: _____

Organization Mission: _____

Address: _____

Ph: _____ Fax: _____ Email: _____

(A permit will be mailed to you)

Type of Organization (Ex: Girl Scouts; dance): _____

Customer Type: School Related Commercial Group Non- School Related

Event Name: _____

Description of Event or Purpose for Renting the Facility: _____

Maximum Number of Expected Attendance by Age Group

Please enter the number of people attending for each age group.

Your request will not be processed without these numbers. If unsure, please give an approximation.

____ 0-5 years old ____ 6-18 years old ____ 19-54 years old ____ 55-and older
 ____ **Total in Attendance**

Required Liability Insurance Certificate: (Please check the appropriate box)

- Included with Application On file with school
 Will be mailed directly from: _____

Equipment/Furniture Request: (Please check the appropriate box) Please note that there are additional rental charges included for the use of the following items.

- TV/VCR LCD Projector Overhead Projector
 Sound System/wired mic Sound System/wireless mic 6 foot tables – # _____
 Chairs - # _____
 Other: _____

Special Requests:

Fees for Use of Facility and Equipment

- Fee for Use _____
 Deposit Received: _____

I understand that this is an application and if accepted, I will receive one copy of a permit. This permit must be signed and returned with payment (if applicable). An approved copy of the permit will only be issued once a signed permit, proof of insurance and payment has been received. I have also read and understand the Facility Use Guidelines and agree to abide by them.

 Signature of Responsible Adult

 Date

Accepted Application Date: _____

Denied Application Date: _____ Reason: _____

Activities Director: Rich Dippel 651-395-5904 rdippel@stcroixprep.org