Application for Use of Kimball Area Public School District Facilities

Kimball Community Education P.O. Box 368 Kimball, MN 55353

Phone: 320-398-3781 Fax: 320-398-7733

Building Requested:_		Space	Space(s)Needed		
Organization	C	Contact Name		Application Date	
Address		City	State	Zip	
Hm Phone:	Wk Phone:	Wk Phone:Fax		Email	
Organization is:	District Non-prof) Government Resident: Yes / No	Commercial Business	
Dates(s) needed (incl	ude set up and take down)				
Access needed by (date/time)		_Event start time	Event end time		
Describe the intended	d use of the facility				
Special request for A	V equipment, sports equip.etc	2			
Will you need to hire	the school food service staff	Yes	No		
Estimated # of participants		Youth 0-12	Teen(12-18)	Adults	
	Insurance Certificate	Required	Not Required	Expires:	
I, the undersigned, here organization as follows 1. Participants shall n adult and responsit 2. If this facility is us may reflect the difficancellation of a polymer. 3. It is acknowledged issuance of this per 4. It is acknowledged any accidents or in assumes responsible such other insurance.	not be allowed in the facility unti- ble for the security of the activity ed longer or shorter period of tir ference, if any. It is further acknown ermit for use of school facilities and agreed that responsibility formit. If and agreed that Community Edi- juries that may occur in the use of ility for the actions of all particip and appropriate and or required	USER PERMIT er personally as the about l a designated supervisor me than indicated, the Convolved and agreed the prior to the time requestor observance of the rule ucation Office and Kim of the facility. It is furtle to ants in the activities. In	ve contact name or as agent or(s) of the activity has arrive ommunity Education Office nat failure to notify the Contact will result in liability for est and regulations of the School District 7 her acknowledged and agree t is further acknowledged a ol District 739 shall be pro-	t on behalf of the above named wed. The supervisor(s) shall be a will be notified so that the billing naminity Education Office of or any costs incurred. School Board is a condition to the another than the applicant contact persond agreed that liability insurance wided by the applicant/organization billed after use,	
Signature of Applicant	Date		payment is receipt of b	due 15 days after ill.	
Custodia Cook Attenda		I	Class I II I Date Received	III	

Space Charge Equipment Charge

TOTAL ESTIMATED CHARGE_____

Office Approval ______
Deposit _____