REQUEST AND PERMIT FOR USE OF SCHOOL FACILITIES I.S.D. #435 WAUBUN-OGEMA-WHITE EARTH COMMUNITY SCHOOLS

Waubun and Ogema Facilities Requests should be sent to Ann Wothe in Waubun..

() Kitchen * Date:Time:	Name of Individual/Organizat	ion			
Expected time of completionExpected Attendance Purpose of Activity	Activity/Event_				
Purpose of Activity Will there be an admission charge, free-will offering, or sale of products? For what will this money be used? Person supervising activity Address Phone Please check below which building and room(s) are needed. Also, indicate day(s), date(s) and equipment you wish to use. Waubun () High School Gym, Date: Time: Ti					
Will there be an admission charge, free-will offering, or sale of products?					
Person supervising activity Person supervising activity Please check below which building and room(s) are needed. Also, indicate day(s), date(s) and equipment you wish to use. Waubun () High School Gym,	Purpose of Activity				
Person supervising activity					
Address	Parson supervising activity	seu?			
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date(s) and equipment you wish to use. Waubun () High School Gym,	Dlassa chack balow which bui	lding and room(s) a	re needed Also	indicate day(c)	
Waubun () High School Gym, Date: Time: () Multi Purpose Gym, Date: Time: () Classroom Name/Number: Date: Time: () Commons Area Date: Time: () Community Rm #1 Date: Time: () Community Rm #2 Date: Time: () Kitchen * Date: Time: () Media Center Date: Time: () Elementary School Gym Date: Time: () Cafeteria Date: Time: () Cafeteria Date: Time: () Wedia Center Date: Time: () Media Center Date: Time:			ie lieeded. Also,	indicate day(s),	
() High School Gym, Date: Time:		sir to usc.			
() Multi Purpose Gym, Date: Time: () Classroom Name/Number: Date: Time: () Commons Area Date: Time: () Community Rm #1 Date: Time: () Community Rm #2 Date: Time: () Kitchen * Date: Time: () Media Center Date: Time: () Media Center Date: Time: () Classroom Name/Number Date: Time: () Classroom Name/Number Date: Time: () Cafeteria Date: Time: () Kitchen * Date: Time: () Media Center Date: Time: Equipment needed: () PA () Podium () Bleachers () Chairs-How Many_ *Kitchen may only be used if Safe Serve Certified person is present. Name of person: I certify that I represent the above organization and am authorized to accept in its name responsibility and observance of the rules and regulations for community use of ISD 435. I have submitted a certificate of insurance Signature Phone Address Current Date xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		Date	Time		
() Classroom Name/Number: Date: Time:			Time:_ Time:		
() Commons Area					
() Community Rm #1	` '		Time:_ Time:		
() Community Rm #2			Time:_ Time:		
() Media Center Date:Time:	• •		Time:_		
() Media Center			Time:_		
Ogema () Elementary School Gym		Date:	Time:		
() Elementary School Gym	` '	2			
() Classroom Name/Number		Date:	Time:		
() Cafeteria					
() Kitchen * Date:Time:	() Cafeteria				
() Media Center	() Kitchen *	Date:	Time:		
Equipment needed: () PA () Podium () Bleachers () Chairs-How Many () Tables-How Many* *Kitchen may only be used if Safe Serve Certified person is present. Name of person: I certify that I represent the above organization and am authorized to accept in its name responsibility and observance of the rules and regulations for community use of ISD 435. I have submitted a certificate of insurance Signature Phone Address Current Date xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	() Media Center				
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I have submitted a certificate of insurance Signature Phone Address Current Date xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx					
Signature Phone Address Current Date xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	-	_	-	use of ISD 435.	
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	I nave submitted a cer	tificate of insurance	}		
(To be completed by Superintendent's Office) Estimated charges: Building Rental Custodial Services Food Service Charge Other Date of Approval Approval of Site Director	Signature	Phone	Address	Current Date	
Estimated charges: Building Rental Custodial Services Food Service Charge Other Date of Approval Approval of Site Director	xxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxx	
Custodial Services Food Service Charge Other Date of Approval Approval of Site Director	(To be completed by Superint	tendent's Office)			
Custodial Services Food Service Charge Other Date of Approval Approval of Site Director					
Food Service Charge Other Date of Approval Approval of Site Director	Estimated charges:	Building Rental		_	
Other Date of Approval Approval of Site Director		Custodial Services			
Date of Approval Approval of Site Director		Food Service Charg	ood Service Charge		
		Other		-	
Date of Approval Approval of Superintendent	Date of Approval	Appr	Approval of Site Director		
	Date of Approval	Аррі	Approval of Superintendent		
Date of Approval Approval of Maintenance Supervisor	Date of Approval	Annı	Approval of Maintenance Supervisor		