St. Louis Park Community Education

Application for Buildings and Grounds Use

Organization ___________________________ Person responsible ___________________________
Address ___________________________ City ___________________________ ZIP ________________
Home/Cell # ___________________________ Business # ___________________________ Email ___________________________

Adult in charge of program supervision ___________________________ Cell # ___________________________

Which School/Community Center? ___________________________ Est. Attendance ________________
Space(s) desired ___________________________
Purpose of activity ___________________________

Date(s) ___________________________ Times: Activity from _______ to _______ Set up _______ Tear down _______
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What will you bring into the building? (food, equipment, etc.) ___________________________
Special services needed? ___________________________
School Equipment? ___________________________

DO YOU NEED WI-FI? Yes _____ No _____

Will participation in this activity be restricted in any way on the basis of sex, race or religious affiliation?
No _____ Yes _____ If yes, what restrictions? ___________________________

This permit is granted subject to the General Regulations for use of Public School Buildings. The User agrees that these rules shall be strictly observed and accepts entire responsibility for the enforcement of them and agrees to protect the premises and indemnify the School District for any damage due to the occupancy of the building covered by this permit. It is understood and agreed to by the applicant that this permit may be revoked or canceled at any time with or without cause and that in the event of such revocation or cancellation, there shall be no claim or right to damages or expense whatsoever. The User further agrees to protect, indemnify and save harmless the District and its officers and employees from any and all claims, liabilities, damages or right of action directly or indirectly growing out of the use of the premises covered by this permit.

Signature of Person Responsible ___________________________

****Please submit request at least 10 days prior to the first date of the permit.*****