

**Email:**  fisher.kimberly@slpschools.org
**Fax:** 952-928-6020, Attn: Kim Fisher

**Mail**: 6311 Wayzata Blvd. SLP, 55416, Attn: Kim Fisher
Phone: 952-928-6060

**Application for Buildings and Grounds Use**

Organization:  Person Responsible:

Address:  City:  ZIP:

Home/Cell #:  Business #:  Email:

Adult in charge of program supervision:  Cell #:

Building: [ ] Lenox CC [ ] Central CC [ ] SLP HS [ ] SLP MS [ ] AQ [ ] PH [ ] PSI [ ] SL

Space(s) desired:

Est. Attendance:  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 or set up needed: [ ] None [ ]  Tables (#) Chairs (#) [ ]  Extra Garbage Cans

 [ ]  Other – Please list:

Special equipment needed: [ ] None [ ]  LCD Projector [ ] Sound System [ ] Wireless microphone

 [ ] Other – Please list:

Do you need WI-FI access? [ ] No [ ] Yes

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 [Community Use of Facilities Procedure Manual](https://slpcommunityed.com/facilities-2/). 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 employ-ees 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: Date:

***\*\*\*Please submit this application at least 10 days prior to the first date requested.\*\*\****