



REQUEST AND PERMIT FOR USE OF SCHOOL FACILITIES

I.S.D #345 NEW LONDON-SPICER PUBLIC SCHOOLS

- 1.) Complete and SUBMIT ALL COPIES of this request to the NLS Community Education Office, 101 4th Ave. SW, New London, MN 56273.
- 2.) Please PRINT with ball point pen and press firmly.
- 3.) White copy will be returned to you upon approval and must be in your possession during use of the facility.
- 4.) Non-School applicant is required to present a CERTIFICATE OF INSURANCE for liability and FOOD PERMIT (if selling food) upon submitting this request.

1 NAME OF ORGANIZATION		2 CURRENT DATE	
3 ACTIVITY		4 EXPECTED ATTENDANCE	
5 DAY & DATE(S)	6 STARTING TIME	7 EXPECTED TIME OF COMPLETION	
8 BUILDING	9 ROOM(S)		
10 IS FOOD BEING SERVED? If yes, describe in detail answering the questions What? When? Where? and other necessary details: YES <input type="checkbox"/> NO <input type="checkbox"/>	11 ARE KITCHEN FACILITIES DESIRED? If yes, give details: State law requires a kitchen staff present when using food prep area or items from the food prep area. YES <input type="checkbox"/> NO <input type="checkbox"/>	11A FOOD PERMIT YES <input type="checkbox"/> NO <input type="checkbox"/>	
12 SPECIAL EQUIPMENT NEEDED Indicate in detail: What? When? Where?			
13 Will there be an admission charge, free will offering, or sale of product?		14 For what will this money be used?	
15 PERSON SUPERVISING ACTIVITY:	16 PHONE:	17 ADDRESS:	
18 EMAIL:			

I certify that I represent the above organization and am authorized to accept in it's name the responsibility and observance of the rules and regulations for community use of school facilities of I.S.D. #345.

SIGNATURE PHONE ADDRESS

Return ALL COPIES to the NLS Community Education Office, 101 4th Ave. SW, New London, MN 56273 with copy of INSURANCE and FOOD PERMIT if selling food.

(TO BE COMPLETED BY THE COMMUNITY EDUCATION OFFICE)

1 APPROVED --Conditions of use. CERTIFICATE OF INSURANCE for liability
DISAPPROVED

2 IS STAFF PERSON NEEDED
YES NO

3 ESTIMATED CHARGES Building Rental _____ Custodial Service _____ Other Charges _____
YOU WILL BE BILLED FOR ALL CHARGES Food Service Charges _____ Weekend User Fee _____

4

DATE OF APPROVAL

SIGNATURE OF APPROVAL

OTHER NOTES:



NLS School Grounds & All Facilities Are TOBACCO FREE!

- WHITE--Applicant's Copy
- YELLOW--Custodial Copy