

<p><b>Facility Use Application</b>  <b>Community Education &amp; Recreation – 516 Industrial Blvd ~ Waconia, MN 55387</b>  <b>Phone: 952-442-0610      Fax: 952-442-0619</b>  <a href="http://www.waconiacommunityed.org">www.waconiacommunityed.org</a></p>
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Individual/Organziation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Description of usage: \_\_\_\_\_

**Estimated number of participants:**

~ Youth (ages 0 – 12) \_\_\_\_\_ ~ Teen (ages 13 – 18) \_\_\_\_\_  
 ~ Adult (ages 19 – 54) \_\_\_\_\_ ~ Senior (ages 55+) \_\_\_\_\_

**What percentage of participants are residents of ISD #110? (Please circle)**

100%                      75%                      Less than 75%

Will a participant fee or admission be charged?    Yes    No    Amount: \_\_\_\_\_

Will concessions be sold?    Yes                      No

**Building Requested: (Please Circle)**

Southview Elementary School	Bayview Elementary School	Laketown Elementary School
Waconia Middle School	Waconia High School	Waconia Enrichment Center

**Area Desired for use:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date(s) of use: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Special Requests:**

~ Screen	~ Overhead Projector	~ Podium
~ Tables	~ Chairs	~ Microphone
~ TV/VCR	~ Spotlights	~Other _____

I, the undersigned, herby acknowledge and agree, either personally as the above named individual or as a representative on behalf of the above named organization as follows: It is acknowledged and agree that ISD #110 Community Education are not liable or responsible for any accidents or injuries which may occur in the use of the facility. It is further acknowledged and agreed that responsibility for the actions of all participants in the activities and the security of the facility are assumed by the individual/organization. It is further acknowledged and agreed that liability insurance, or such other insurance as appropriate and/or required by ISD #110 shall be provided by individual/organization.

Signature of Applicant/Agent: \_\_\_\_\_