

Please return completed application to:
Eden Prairie School District #272
Community Educational Services Department * Scheduling Coordinator
8040 Mitchell Road * Eden Prairie, MN 55344
Or fax to: (952) 975-6920

**APPLICATIONS MUST BE RECEIVED
AT LEAST 10 DAYS PRIOR TO FIRST
DESIRED DATE OF USE.**

FACILITY USE APPLICATION

To insure correct processing of your request please be sure all information is accurate.

Organization requesting use _____ Specific activity _____

Person responsible _____ E-mail address _____

Phone - Home () _____ Work () _____ Cell () _____ Fax () _____

Address _____
(WHERE CUSTOMER SCHEDULE IS TO BE SENT) (CITY, STATE, ZIP)

Group status (See enclosed "Regulations and Charges" for explanation)

_____ School District Activity _____ Group B
_____ Community Educational Service Program _____ Group C
_____ Group A (_____ Youth _____ Adult) _____ Group D

School requested _____ Today's date _____

Facility type _____ Number of people _____
(CLASSROOM, GYM, CAFETERIA, ETC) AGES (0-5) (6-18) (19-54) (55+)

Person supervising activity _____ Phone-Work () _____ Home () _____

Activity begins at _____ (a.m. or p.m.) Ends at _____ (a.m. or p.m.)

Group will enter building at _____ Leave building at _____
(TIME) (TIME)

(Allow time for group members to set up before and clean up after activity.)

- Do you have tax exempt status? Yes No **If yes, enclose a copy of your tax exempt certificate.**
- Do you wish to pay for custodial services prior to or after your event? Yes No

Circle Day of the Week Requested: M T W TH F SA SU

List ALL dates of use: _____

Items group will bring into building (approval required for all items): _____

Equipment/Special Set-Up requested from School District: _____

RULES AND REGULATIONS: In signing this form, the applicant agrees to comply with the rules and regulations, including the district fee schedule, as set forth by School District 272. *A Customer Schedule* will be issued subject to emergency conditions and restrictions that might later be imposed by events beyond our control.

LIABILITY: The applicant agrees to assume full responsibility for injury to person and damage to property during the time facilities are used under this agreement. The school District's liability insurance does not provide protection to organizations using its facilities.

Signature of Person Responsible: _____

Date of Application: _____

FOR OFFICE USE ONLY

White Copy - Community Education

Date received _____

Canary Copy - Customer Copy (Detach canary copy before submitting)

Date entered _____