



## FACILITY USE REQUEST

**FOLEY PUBLIC SCHOOL, DISTRICT #51 | PHONE: 320-968-8619 | FAX: 320-968-8608**

Organization or Person Requesting Facilities: \_\_\_\_\_

Activity/Purpose: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) facilities are requested: \_\_\_\_\_ Building(s) requested - List Schools \_\_\_\_\_

Rooms/Areas that will be used: \_\_\_\_\_ Time In and Time Out of Area: \_\_\_\_\_

1. _____	_____ IN	_____ OUT
2. _____	_____ IN	_____ OUT
3. _____	_____ IN	_____ OUT

Equipment Needed: \_\_\_\_\_

Estimated number of people attending the activity/event: \_\_\_\_\_

Time Activity Starts: \_\_\_\_\_ AM PM Time Activity Ends: \_\_\_\_\_ AM PM

Doors to be opened at: \_\_\_\_\_ AM PM Doors to be closed at: \_\_\_\_\_ AM PM

My signature indicates that I have received a copy of the Rental Policy regarding the use of the above requested building or facility and I agree to abide by it. I agree that the group I represent will be responsible for any damage to the building or loss of its contents. I also agree to insure all rental and personnel fees that apply to our organization/group for the use of District #51 facilities will be paid in full.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Community Education Director  
PO Box 297  
Foley, MN 56329

*\*\*Please Note: Facilities will be reserved upon receipt of signed contract.*

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(For Office Use Only)

Rental Classification:	I	II	III	IV
Scheduling Fee				<b>\$10.00</b>
Preparation Fee*	_____ hours @ \$ _____/hour = \$ _____			
Facility Rental	_____ hours @ \$ _____/hour = \$ _____			
Custodial Time	_____ hours @ \$ _____/hour = \$ _____			
Food Service	_____ hours @ \$ _____/hour = \$ _____			
Technician Time	_____ hours @ \$ _____/hour = \$ _____			
Lifeguard	_____ hours @ \$ _____/hour = \$ _____			
Other _____	_____ hours @ \$ _____/hour = \$ _____			
Food/Supplies				\$ _____

**\*See reverse side for exemptions & detailed agreement.**

Date Billed: \_\_\_\_\_

Date Received: \_\_\_\_\_

Total Bill \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**CC: Originator, Building Principal, Building and Grounds, Activities Director, Food Service, Building Secretary, Technical**

**Preparation fee exemptions arranged with Community Education Director are as follows:**

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**Community Education Director**

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**Organization's Representative**

Failure to fulfill these agreed upon arrangements will result in reinstatement of all or part of preparation fee(s).