Anoka-Hennepin Schools
Anoka-Hennepin Community Education
FACILITIES USE REQUEST FORM

Group:_________________________________ Activity:______________________________

Scheduling Priority Classification: A B C D E F Number Attending: Youth____ Adult____

Building______________________________ Space Needed______________________________

Personnel Needed:______________________ Equipment Needed________________________

____________________________________

__________________________________

__________________________________

__________________________________

__________________________________

__________________________________

__________________________________

Other Comments:_______________________________________________________________

______________________________________________________________________________

Date Time Date Time

__________________________________

__________________________________

__________________________________

__________________________________

__________________________________

__________________________________

CONTACT PERSON

Name________________________________ Address________________________________________

City____________________ Zip____________ E-Mail Address____________________________

Home Phone________________ Work_________________ Cell______________________________

My signature indicates that I have received a copy of the Anoka-Hennepin ISD #11 Facility Use Policy, Procedures and Fee Schedule regarding the use of a facility and/or equipment and agree to abide by it. The undersigned, in his/ her individual capacity and on behalf of the organization, represents and further agrees that the organization shall hold the District harmless and indemnify the District for any and all damages, costs, and expenses including attorney’s fees, incurred, suffered, or claimed by any person arising out of the organization’s negligence or use of the premises and/or the parking facilities on or adjacent thereto.

Signature________________________________ Date____________________________________

Insurance Co. Name*________________________ Policy or Certificate No.______________

*District requires proof of insurance for all rentals.

Facility Usage Fees*

<table>
<thead>
<tr>
<th>Facility Use Charges</th>
<th>@ $ _____/hr = $</th>
<th>Building Security</th>
<th>@ $15/hr = $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>@ $ _____/hr = $</td>
<td>Custodial</td>
<td>@ $32/hr = $</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equipment Charges</th>
<th>@ $ _____/day = $</th>
<th>Kitchen Staff</th>
<th>@ $25/hr = $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>@ $ _____/day = $</td>
<td>Theater Technician</td>
<td>@ $12/hr = $</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Charges____________________________

Comments________________________________

________________________________________

Signature – CED Office Staff or School Administrator

Personnel Charges*

<table>
<thead>
<tr>
<th>Other Charges___________________________</th>
<th>Prepayment $_____ Date Paid______</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date Approved____________________</td>
</tr>
</tbody>
</table>

*Estimated Charges

For Office Use*

Revised 7/14