

Dawson-Boyd School Permit for Use of School Facilities

Sponsoring Organization Just for Kix		Street Address 7842 College Rd	City, State Zip Baxter, MN 56425
Contact Person Megan Stratmoen		Contact Phone 320-226-4918	Contact Email dawson-mn@justforkix.com
Date of Application 06/27/19	Date of Event 07/22/19-7/25/19	Set Up Date 07/22/19	Set Up Time 8:30 am
Event Start Time 9:00 am	Event End Time 12:00 pm	Supervisor of Event Megan Stratmoen	

Please select facility area(s) to be used:

Anticipated Attendance # **30-40 girls**

- | | |
|---|---|
| Community Center Gym <input type="checkbox"/> | Auditorium <input type="checkbox"/> |
| Elementary Gym <input type="checkbox"/> | Dressing Room <input type="checkbox"/> |
| Commons <input checked="" type="checkbox"/> | Computer Lab <input type="checkbox"/> |
| Swimming Pool <input type="checkbox"/> | Concession Stand <input type="checkbox"/> |

Classroom ☐

If Other Room Use, please specify: _____

Date: (Include set up and take down dates) **7/22/19-7/25/19**

Time of Use: (Include set up and take down times.) **8:30 am - 12:15 pm**

Actual event times to publish on school calendar **9** a.m. or p.m. to **12** a.m. or p.m.

Purpose of Use: **JFK summer camp**

Technical Set Up Requests: ☐ Microphone ☐ Overhead Projector ☐ ~~Table~~ **1 table down,**

Special Set Up or Equipment Requests: ☐ Chairs (# _____) ☐ Tables (# _____) **the rest up, doors to**

Please list any other set up requests _____ **commons unlocked**

Authorized Agent Agreement

1. Proof of Liability Insurance must be provided with this application.
2. Public Health or Caterer's License must be provided with this application if food is served and license is required.
3. Supervisor must remain on site at event until the actual end time of the event.

I hereby certify that I am the agent of the above named organization and have been authorized to accept in their name the responsibility for observing the rules and regulations of the Board of Education as a condition of the issuance of this permit. I understand that the permit for the use of school facilities may be cancelled if any of the rules are violated. The organization listed above will be charged for any repairs for damages to equipment or the building.

Organization Sponsor's Authorized Agent Signature: **Megan Stratmoen** Date: **06/27/19**

Return this form to: Dawson-Boyd Community Education, 848 Chestnut, Dawson, MN 56232 FAX: 320-769-2504
Or scan and attach to an email to: cindy@dwby.k12.mn.us Checks payable to: Dawson-Boyd School

Office Use Only

Approved by: _____ Date: _____

Facility Rental Charge	\$	Proof of Liability	
Sent to Custodians		Food Permit	
Custodial Hours		Entered on Calendar	