

# Dawson-Boyd School

## Application and Permit for Use of School Facilities

Sponsoring Organization <b>DBHS Knowledge Bowl</b>		Street Address <b>848 Chestnut</b>	City, State Zip <b>Dawson, MN 56232</b>
Contact Person <b>Greg Wyum</b>		Contact Phone <b>320 226 0229</b>	Contact Email <b>gwyum@dwby.k12.mn.us</b>
Date of Application <b>May 15, 2019</b>	Date of Event <b>January 25th, 2020</b>	Set Up Date <b>January 24th</b>	Set Up Time <b>3:30 pm</b>
Event Start Time <b>8:00 Am</b>	Event End Time <b>3:00 pm</b>	Supervisor of Event <b>Greg Wyum</b>	

Please select facility area(s) to be used:

Anticipated Attendance # \_\_\_\_\_

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

If Other Room Use, please specify: \_\_\_\_\_

**Date:** (Include set up and take down dates) Setup Friday Jan 24th Take Down Jan 25th

**Time of Use:** (Include set up and take down times.) Friday 3:00pm - 3:00pm Saturday

Actual event times to publish on school calendar 8:30 (a.m.) or p.m. to 3:00 a.m. or (p.m.)

**Purpose of Use:** Knowledge Bowl Contest

**Technical Set Up Requests:**  Microphone  Overhead Projector  in commons

**Special Set Up or Equipment Requests:**  Chairs (# \_\_\_\_\_)  Tables (# \_\_\_\_\_)

**Please list any other set up requests** in commons, tables for concessionary

### 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: *Greg Wyum* Date: 5/15/19

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: [cindyd@dwby.k12.mn.us](mailto:cindyd@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	