

# Dawson-Boyd School

## Application and Permit for Use of School Facilities

Sponsoring Organization <b>DB Robotics</b>		Street Address <b>848 Chestnut St</b>	City, State Zip <b>Dawson MN</b>
Contact Person <b>Nichole Andrews</b>		Contact Phone <b>320 368 2945</b>	Contact Email <b>nichand@dwbby.k12.mn.us</b>
Date of Application <b>6/3/19</b>	Date of Event <b>12/6/19</b>	Set Up Date <b>12/6/19</b>	Set Up Time <b>12/6/19</b>
Event Start Time <b>6-</b>	Event End Time <b>830</b>	Supervisor of Event <b>Nichole Andrews / Loral Steinke</b>	

Please select facility area(s) to be used:

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

☒ Community Center Gym  
☐ Elementary Gym  
☐ Commons  
☐ Swimming Pool  
☐ Auditorium  
☐ Dressing Room  
☐ Computer Lab  
☐ Concession Stand

☐ Classroom  
 \_\_\_\_\_

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

Date: (Include set up and take down dates) **6- to 830**

Time of Use: (Include set up and take down times.) \_\_\_\_\_

Actual event times to publish on school calendar **630** a.m. or **(p.m.)** to **800** a.m. or **(p.m.)**

Purpose of Use: **fundraiser - taco feed**

Technical Set Up Requests: ☐ Microphone ☐ Overhead Projector ☐ \_\_\_\_\_

Special Set Up or Equipment Requests: ☐ Chairs (# \_\_\_\_\_) ☒ Tables (# **2**)

Please list any other set up requests **electrical for meat warmer, water to rinse or wash**

### 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: \_\_\_\_\_ Date: \_\_\_\_\_

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@dwbby.k12.mn.us](mailto:cindy@dwbby.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	