

Facility Request Form/Permit

Form must be submitted at least ten business days prior to date of event

District Use
Rental Approved: □ Rental Denied: □ Reason:
Liability Insurance: □
Approval Signature:

Organizatio	on Name:			_			
Event Title:				_ (Ex: Scout Meeting, Banquet, Tournament)			
Describe y	our activity:						
Contact Pe	erson:		Email Address:				
Address:			City: Zip:				
Phone (Cell):			Phone (Other):				
Person supervising event if different from cont			tact person: Phone:				
District You	uth To qualify for Rosters with name	District Adult district resident rates, you es & addresses of participar	Non-Resident (Youth or A must have 70% of the participants its may be required to verify 70% of	from the Columb of resident status	ia Heights District. for priority schedulii	ng.	
Expected Attendance: # of youth:			# of adults:				
Date	Day	School Requested	Facility Space Requested (Ex: Gym, Fields, etc.)	Event Time	Enter Facility Time	Leave Facilit Time	
Will you be serving food? Yes:			No: If yes, please describe: *If "yes" additional permit may be required				
Equipmen	t needed from	the School District: Au	udio/Video/other Technology:				
# of Tables: # of Chairs:			Other:				
LIABILITY: The making the app the minimum a certificate hold insurance does I hereby certify rules and regulunderstand the	responsibility and I plication. Outside o amount of \$1,000,0 der. If insurance cers not provide protect of that I am an agent lations as stated in lat the permit for the	liability for injury to persons or organizations using the School Dido per person and \$2,000,000 rtificate is not provided by rentiction to organizations using its tof the above named organizat Policy 902 Use of School Facilitie use of school facilities may be	ion and have been authorized to accepties and Equipment of the Board of Edu e cancelled if any of the rules are violat olicy 902 Use of School Faciliti	by the organization a Certificate of Insundependent School nt the permit will but in their name the cation as a conditioned. es and Equipme	rance confirming liabili District No. 13 be name e revoked. The School responsibility for obsert n of the issuance of this	ty coverage in ed as the District's liability rvance of the	
Signature:			Da	ate:			

Email form to: facilities@colheights.k12.mn.us

or Fax form to: 763-571-9202 Questions: 763-528-4500