

FOR INTERNAL USE ONLY: In-house request [] Outside request []
OK FOR USE--dates entered on room calendar [] Kari will determine room availability-original to Bret
OK FOR USE--dates entered on gym calendar [] Laura will determine gym availability-original to Bret
(All gym requests to Laura)

Fond du Lac Tribal and Community College
~Request to Use Facilities Form~

Please return completed form to: Kari Anderson, FDLTCC Administrative Assistant
Email – kanderson@fdltcc.edu
2101 14th Street, Cloquet, MN 55720
Today's date: _____ Ph. 218-879-0700 - Fax: 218 879-0814

Please include specific information regarding your request:

DAY(s) of week space is needed: _____

DATE(s) space is needed: _____

TIME(s) _____

EVENT _____

PLEASE INDICATE WHAT COLLEGE FACILITY / ROOM YOU WISH TO USE:

Classroom(s) (40 capacity) being requested: _____

Conference room (Large-25 capacity) [] (Small-12 capacity) [] (Arrowhead-10 capacity) []

Amphitheater/Commons Area-(100 capacity) [] Auditorium-(122 capacity) []

Megwayaak Outdoor Classroom – (30 capacity) []

Gymnasium-(420 capacity) (without bleachers & time clock) []

Gymnasium-(420 capacity) (with bleachers & time clock) []

*Estimated number of people planning to participate: _____

What is your intended use of the facility? (i.e. soccer practice, workshops, etc.)

Rental rates: Classroom/Common Areas \$25/hr. Gym - \$40/hr Monday-Saturday; \$80/hr Sunday

Daily rate: Classroom/Common Areas \$100/day Gym - \$160/day Monday-Saturday; \$240/day Sunday

(NOTE: Rental rates for gym requests of (2) or more months in succession will be determined by FDLTCC's Executive Financial Officer.)

Name of Organization: _____

Person/Title making request: _____

Signature: _____

Address: _____

Telephone: _____ Email address: _____

Are you a Profit or Non-Profit Organization? _____ Fax Number: _____

Will you be charging participants a fee? Yes [] or No [] If so, how much? _____

Description of equipment needs or disability-related accommodations requested:

Audio/Visual Needs: _____

Tables/Chairs (etc.): _____

PA System/Microphone for Amphitheater/Auditorium: _____

I.T. Needs: _____

Disability accommodations: _____

Other Needs: _____

NOTE: FDLTCC has NO sports equipment available for rent, only the gym.

PLEASE READ THE FOLLOWING POLICY/PROCEDURE AND SIGN BELOW:

1. It shall be the policy of FDLTCC to make its facilities available, as a community service to civic non-profit and for-profit organizations, provided that such usage does not conflict with college functions.
2. Depending on the nature of the facility request, proof of liability insurance may be required for classroom and/or gymnasium rental.
3. Organizations using college facilities will be held responsible for any damages to property.
4. FDLTCC activities have priority over rental reservations for use of all college facilities.
5. College facilities are ALCOHOL and DRUG FREE.
6. The college reserves the right to be represented at any of the functions involving usage of facilities.
7. Maintenance charges may be added to cover facility clean up when maintenance personnel is not regularly scheduled. An additional rate of \$25.00 per hour may be applied.
8. Audiovisual equipment use is based on availability. A three (3) business day notice is required.
9. Computer support services are based upon availability. A three (3) business day notice is required.
10. Tennis shoes with clean soles are required on all gymnasium floors.
11. NO CHILDREN ALLOWED during adult recreation leagues.
12. Groups wishing to rent the gymnasium (2) or more months in succession will work with FDLTCC's Executive Financial Officer to determine long-term rental rates.
13. **The President of FDLTCC reserves the right to waive certain rental rates, as deemed appropriate.**

NOTE: To finalize the facility rental process, you will be mailed the *Minnesota State Occupancy Agreement* form. This contract must be signed and returned along with proof of liability insurance, if required. In general, activity-related gym requests will require proof of insurance.

Please be courteous and remember to clean up after your event or activity.

I have read and agree to the above conditions:

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE - FOR COLLEGE USE ONLY

Person who took this request: _____ Date: _____

FOR OUTSIDE REQUESTS:

Classroom available for date and time requested? Yes [] OR No []

Gymnasium available for date and time requested? Yes [] OR No []

For "outside" requests: after room or gym availability is documented by Kari or Laura, the original *Facilities Request* form is given to Bret, EFO. Bret will determine rental rates and forward form to Eric for the contract process.

Give "outside" request copies to:

Mark, Maintenance (**gets all requests**) []

Kari, Admin. Asst. (room requests only) []

Laura, Athletics (gym requests only) []

_____ []

Others (as needed):

Peter - I.T. []

Keith - Library []

Cust. Training []

Estimated Charges: _____

Approved: [] Not Approved: []

FDLTCC President makes final decision.

Signature: _____ Date: _____

To request this application in an alternative format, please contact Disability Services at (218) 879-0864
An Equal Opportunity Educator and Employer