



FACILITIES AND GROUNDS APPLICATION

FACILITIES

Building:	Name of School or Building	Area/Rooms required:
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Starting date and time	Ending Date and Time	Days of Week S M T W TH F S	Est # of People:
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USE: Please select type of group Requesting Facilities

MESC Employee <input type="checkbox"/> Maskwacis Group/Individual <input type="checkbox"/> Commercial <input type="checkbox"/> *please check one	
Activity: Please describe	
Age Group	0-17: 18+: Both:
Requirements:	Please list numbers required: Chairs, Tables, etc
Custodial \$300/full day \$150/half day	Custodial requirements will vary depending on the activity. An estimate of days required will be communicated prior to the event taking place
Insurance	Do you have Liability Insurance? YES <input type="checkbox"/> NO <input type="checkbox"/> *please check one

APPLICANT

Name of Applicant/Group:	
Address	
Contact Number	
Name of Contact Person	
e-mail	
Person in Charge is	MESC Employee YES <input type="checkbox"/> NO <input type="checkbox"/> *please check one

Employee Agreement

I understand that by signing this application, I agree to be on site at all times during the event, that I will personally check building security and arm the alarm system, and unless otherwise agreed, leave the building in a similar condition to which it was found. I also understand that failure to comply with these requirements could result in call-out charges being billed to myself or my school and/or loss of future privileges for the use of district facilities.

Signature of User: _____ Date: _____

Print Name _____ Position in Organization _____

Non Employee Agreement

I have read and agree to comply with the conditions of this agreement as outlined. If I cancel all or part of this agreement, I understand that I must notify MESC at least 5 calendar days prior to the event date to be eligible for a refund. I understand that this agreement will not be validated until the undersigned (hereafter referred to as the User) receives a copy of this agreement complete with the signature of associate Superintendent.

Signature of User: _____ Date: _____

Print Name _____

ASSOCIATE SUPERINTENDENT or Designate

This Event is APPROVED NOT APPROVED Signature _____ Date: _____