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## ***ISD #2895 Jackson County Central Schools Facility Use Request***

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Name of Group or Event: \_\_\_\_\_

Building Requested: \_\_\_\_\_ Room Requested: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Time building is to be open: \_\_\_\_\_ Activity begins at: \_\_\_\_\_ Ends: \_\_\_\_\_

Supervisor in Charge: \_\_\_\_\_ Approx. Attendance: \_\_\_\_\_

Admission: (check one) Free \_\_\_\_\_ Donation \_\_\_\_\_ Admission \_\_\_\_\_ Comm. Ed. \_\_\_\_\_

*Equipment needed:* check all that apply

\_\_\_\_\_ Chairs (# \_\_\_\_\_)      \_\_\_\_\_ Tables (# \_\_\_\_\_)      \_\_\_\_\_ Podium  
\_\_\_\_\_ Portable Microphone      \_\_\_\_\_ Sound System      \_\_\_\_\_ Projector/Screen  
\_\_\_\_\_ Bleachers      \_\_\_\_\_ Locker Room/s      \_\_\_\_\_ TV/VCR  
\_\_\_\_\_ Concession Stand

\_\_\_\_\_ Other Requests (must specify)

All requests must have a local sponsor and be approved by the Board of Education. There must be adequate adult supervision and if one of the kitchens are used, there must be a cook.

*Liability:* The persons and/or organizations using school facilities by signing and accepting a permit agree to indemnify the Jackson County Central Schools for any damage to the school and its property by any participant and public involved and agree to assume all liability for injury or death of any participant and public involved. Any damage to facilities or equipment shall be reported immediately to the custodian on duty by the group supervisor.

I hereby certify that I am an agent of the above named organization and am authorized to accept in their name, the responsibility for observance of the rules and regulations of Jackson County Central Schools.

***Signature*** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Return completed form to:***

Pam Grussing, JCC High School, PO Box 119, Jackson, MN 56143 or Fax to 507-847-3078

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Approved for Use \_\_\_\_\_ Not Approved \_\_\_\_\_

JCC Facility Manager: \_\_\_\_\_ Date: \_\_\_\_\_

***Estimated Cost:*** Rental: \_\_\_\_\_ Equipment: \_\_\_\_\_  
Services: Janitors \_\_\_\_\_ Tech. Booth \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ hrs @ \_\_\_\_\_ /hr      \_\_\_\_\_ hrs @ \_\_\_\_\_ /hr      \_\_\_\_\_ hrs @ \_\_\_\_\_ /hr

Total Cost: \_\_\_\_\_

Renter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_