

Today's Date \_\_\_\_\_

Inv # \_\_\_\_\_

Contract Number \_\_\_\_\_

# FACILITY USE CONTRACT – FORM A NEW PRAGUE AREA SCHOOLS

To be completed and returned to the school office in the building in which you are requesting a room/space.

1. I/We request the use of: \_\_\_High School \_\_\_Middle School \_\_\_CEC Building  
 \_\_\_Raven Stream Elementary \_\_\_Falcon Ridge Elementary \_\_\_Eagle View Elementary
2. I/We request the use of (room/gym/area) \_\_\_\_\_
3. Date(s) requested: \_\_\_\_\_
4. Times requested: a. Meeting, event, practice goes from: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.  
 b. Open room/building at: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.
5. Name of Organization: \_\_\_\_\_
6. Person responsible for any required payment. In addition, the Personal Guaranty signature is part of the requirement for securing a space with New Prague Area Schools.

\_\_\_\_\_ Daytime Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name

\_\_\_\_\_ Evening Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street / P.O. Box

\_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
City/State/Zip

\_\_\_\_\_ E-Mail Address

### Personal Guaranty

The undersigned person hereby personally and unconditionally guarantees punctual payment

by \_\_\_\_\_ / \_\_\_\_\_ as required by this contract.  
(Organization & Person Responsible for Payment)

New Prague Area Schools may enforce this guaranty without first resorting to or exhausting other remedies provided by this contract or the law. Guarantor agrees to pay all reasonable costs and fees incurred by New Prague Area Schools in enforcing this guaranty. Guarantor signs this Guaranty in consideration of New Prague Area Schools willingness to enter into this contract with

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Organization / Person Responsible for Payment) (Date)

7. Responsible adult(s), other than registrant, who will be in attendance during facility use.

_____	_____
Name	Phone #
_____	_____
Name	Phone #

8. Brief description of event: \_\_\_\_\_

9. Approximate number of attendees: \_\_\_\_\_ Adults \_\_\_\_\_ Children

10. Check the appropriate classification of user: Refer to description of classification/level explained on page 7 of the Facility Use Guide

\_\_\_\_ Level I      \_\_\_\_ Level II      \_\_\_\_ Level III      \_\_\_\_ Level IV      \_\_\_\_ Level V

11. Special instructions/equipment needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Liability insurance is required for any use of the District buildings: A \$500,000 minimum requirement naming Independent School District 721 as an additional insured.

- a. \_\_\_\_ School event
- b. \_\_\_\_ Insurance statement attached
- c. \_\_\_\_ Proof of insurance already on file with the district

13. Are you tax-exempt? \_\_\_\_ Yes \_\_\_\_ No    If you checked yes, a completed "Certificate of Exemption" - MN Revenue Form ST 3 must accompany your request. If you checked no, you will be charged the current sales tax rate.

14. Staff needed for your event. There will be a charge for the following services:

- |      |                  |  |
|------|------------------|--|
| ____ | Custodian        | The district reserves the right to require a custodian, which may be in addition to the Event Supervisor, if it is deemed that the Event Supervisor cannot accomplish "school readiness" in a timely manner. |
| ____ | Event Supervisor | Security and supervision - when more than 50 people are in attendance. The district reserves the right to require more than one Event Supervisor   |
| ____ | Cook             | When a kitchen is required and/or food is prepared   |
| ____ | AV Technician    | When an auditorium and/or computers, video/TV, microphones, or sound booth is required   |

I/We agree to follow all laws and all New Prague Area Schools rules and policies and provide adequate supervision for this activity. I/We further agree that it is our responsibility to leave the facilities and property in the same condition as upon arrival. I/We understand that New Prague Area Schools reserves the right to deny access to any district facility if that the activity violates, laws, ordinances or policies, and/or risk of damage to district property is evident.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Organization/Client Name)

**ESTIMATED/ACTUAL COSTS**

	Rate/Hour	# of Hours	Estimated Total	Actual Billed
___ AV Technician	\$42.50	_____	_____	_____
___ Custodian	\$37.50	_____	_____	_____
___ Event Supervisor	\$40.00	_____	_____	_____
___ Cook	\$32.50	_____	_____	_____
___ Classroom	Per Level	_____	_____	_____
___ Concession Stand	Per Level	_____	_____	_____
___ Auditorium	Per Level	_____	_____	_____
___ Gyms	Per Level/Building	_____	_____	_____
___ Falcon Ridge Multipurpose	Per Level	_____	_____	_____
___ Kitchen	Per Level	_____	_____	_____
___ Equipment Fee	Per Rental	_____	_____	_____
___ Usage Fee	Per Level	\$_____	_____	_____
___ Equipment Rental	Per Event	\$_____	_____	_____
___ Equipment Damage Deposit	Per Event	\$_____	_____	_____
___ Recording Device Fee	\$500.00 Per Event/Level	\$_____	_____	_____
___ Auditorium Lighting Fee	\$25.00 Per Event	\$_____	_____	_____
___ Tax Exempt		\$_____	_____	_____
			Total	_____

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**Building Scheduler**
**Date**
**Phone Number**

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Office Use Only

Level \_\_\_ Building Key Number(s) \_\_\_\_\_ Security FOB Number \_\_\_\_\_ Deposit Amount \$ \_\_\_\_\_