



Facilities Management

Mission Community Center Leech Lake Reservation

Name of Group or Family's Last Name: _____

Contact Person: _____ Telephone # _____

What will you be holding?

Wake Funeral Memorial Dinner Meeting Birthday Party Baby Shower

Other _____

Date(s) Needed: _____

(If using for Wake/Funeral you DO NOT have to answer the following questions)

Time of use: _____ AM PM To: _____ AM PM

Equipment needed: _____

Groups or individuals making requests will be held responsible for conduct, adherence to allotted time, cleanup and any damages.

Children must be supervised at all times and security must be provided for large groups of children. Individuals requesting use of the building must be at least 18 years of age. Requests are subject to adjustment and review. Reservation Business and Community Councils have priority over other areas.

Wakes and/or funerals will be given first priorities NO EXCEPTIONS!

(If there is a wake on the day you requested you would/will be automatically denied.)

By signing my name below means I do accept these conditions.

Date: _____ Requester Signature: _____

Not approved: Approved:

Building Manager _____ Date: _____

Denied (Reason) _____

Other Information: _____

Facilities Management Department

Telephone Number: (218) 335-8318

Fax Number: (218) 335-4421