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