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.)

I am signing this knowing that I have to follow all the above.

Date: ____________________________ Requester Signature: ____________________________

Not approved: ☐ Approved: ☐

Building Manager ____________________________

Denied (Reason) ____________________________

Other Information: ____________________________

Facilities Management Department
Telephone Number: (218) 335-8318 Fax Number: (218) 335-4421