

**Application for use of Building & Grounds  
Orono Independent School District #278**

**5050 Independence Street Maple Plain, MN 55359  
763-479-1530 phone 763-479-3633 fax**

Name of group or individual requesting use \_\_\_\_\_

Requesting which facility \_\_\_\_\_ what room or space \_\_\_\_\_

Purpose of use \_\_\_\_\_ expected attendance # \_\_\_\_\_

Singe Meeting Date

Day \_\_\_\_\_ Date \_\_\_\_\_ Access to building (from) \_\_\_\_\_ (to) \_\_\_\_\_

Series of Meetings

Days \_\_\_\_\_ Dates \_\_\_\_\_ Access to building (from) \_\_\_\_\_ (to) \_\_\_\_\_

Special Needs Required

Tables # \_\_\_\_\_  Chairs # \_\_\_\_\_  TV/VCR  overhead projector  easel  PA system (\$35)

coffee (\$3-airpot) # \_\_\_\_\_  Multimedia projector (\$15)  other \_\_\_\_\_

Permission to bring into building or onto grounds. Please list in detail. \_\_\_\_\_

Will you charge for this event? If so, how much will you charge for adults \_\_\_\_\_ students \_\_\_\_\_

What will the proceeds be used for? \_\_\_\_\_

Rental charge (if any) will be make in accordance with the schedule printed in policies governing of rentals. Payment shall be made to the Orono Discovery Center upon receiving of bill from the Discovery Center scheduling coordinator. Charges will include hourly rental fee, plus charges for additional cleanup and damages if necessary.

The undersigned who is to be in charge of the group is 21 years of age or over. (S)he agrees the (s)he will be responsible to the Board of Education for the use and care of the property. (S)he further agrees that the character of entertainment will conform with that stated in the application, and the (s)he will make the required payment for any damages occurred during use. (S)he understands that the building may not be opened or used without completion of this application and approval of the Discovery Center scheduling coordinator and Orono Community Education.

Signature of person in charge \_\_\_\_\_ Please print name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

Liability Insurance Coverage Policy # (for large events or organized groups) \_\_\_\_\_

**Office Use – Not to be filled in by applicant**

Date received \_\_\_\_\_ Deposit Paid \$ \_\_\_\_\_ Permit # \_\_\_\_\_ Permit sent \_\_\_\_\_ Bill Sent \_\_\_\_\_

Approved  Not Approved Scheduling Coord. Signature \_\_\_\_\_

Rental Fee: \_\_\_\_\_ Remarks \_\_\_\_\_