

**MINNETONKA HIGH SCHOOL – OFFICE OF STUDENT ACTIVITIES  
FACILITY USE AGREEMENT - DOME FACILITIES**

Organization/Group Requesting Use \_\_\_\_\_

Person Responsible \_\_\_\_\_

Billing Address \_\_\_\_\_  
(Address where confirmation/customer schedule is to be sent)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ **Email Address** \_\_\_\_\_

Specific Activity \_\_\_\_\_

Person Supervising Activity \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

**FACILITY REQUEST** (If necessary, attach a separate sheet). Please list the specific facility (Full Dome, Half Dome, Field etc.) And individual dates and times for each facility request. **Note: entry and exit times refer to the time in which your group will enter and leave the facility. Allow time for group members to set up equipment before and return the facility to original order upon completion of your activity.**

<b>Facility Requested</b> (Please be specific)	<b>Day of Week</b> (Please circle)	<b>Date(s) of Use</b>	<b>Entry time</b>	<b>Exit time</b>
	M T W TH F SAT SUN		am/pm	am/pm
	M T W TH F SAT SUN		am/pm	am/pm
	M T W TH F SAT SUN		am/pm	am/pm
	M T W TH F SAT SUN		am/pm	am/pm
	M T W TH F SAT SUN		am/pm	am/pm
	M T W TH F SAT SUN		am/pm	am/pm
	M T W TH F SAT SUN		am/pm	am/pm

Items group will bring into the facility (approval required for all items): \_\_\_\_\_

Equipment/Special Set-Up requested from the School District: \_\_\_\_\_

Do you wish to pay extra for custodial services prior to or after you event? (Please circle) Yes No  
**If NO, group members must clean up upon the completion of your event.**

**Rules and Regulations:** In signing this form, the applicant agrees to comply with the rules and regulations. Including the district fee schedule, as set for by School district 276 and the Minnetonka High School Activities Office. A customer schedule will be issued subject to emergency conditions and restrictions that might later be imposed by events beyond our control.

**Liability:** The applicant agrees to assume full responsibility for injury to person and damage to property during the time facilities are used under this agreement. The School District's liability insurance does not provide protection to organizations using its facilities.

Signature of Person Responsible: \_\_\_\_\_ Date of Application \_\_\_\_\_

**Please return completed application and fees to:**  
MHS \* Pagel Activity Center \* Attn: Dave Nelson  
18313 Hwy 7, Mtka, MN 55345

**Applications must be received at least 10 days  
prior to first date of use.**