EAST CENTRAL COMMUNITY EDUCATION, ISD #2580 61085 STATE HWY 23 **FINLAYSON, MN 55735**

APPLICATION FOR NON-SCHOOL USE OF POOL FACILITIES

Name of Organization or Ind	vidual:		-
Address:			
	Phone:		
Pool Facility Requested Inclu	ides: Pool, Area around Pool, an	d Locker Rooms.	
Absolute	ly <i>NO</i> Food OR Drinks— are :	allowed inside the Pool Area.	
Date to be Used:	Beginning Time:	Ending Time:	
Description of Event:	Expected Number in Attendance:		
Adult (over 21 yrs. of age) Su	pervising Activity:		
Name:	A ddress:		Phon

A Life Guard is required for all Pool usage.

The fee includes two hours of pool use at the stated times, for staffing reasons we ask that you be considerate and exit the pool after the two hours are up. Thank you

East Central ISD #2580 is an equal opportunity provider.

NO SMOKING WILL BE ALLOWED ON SCHOOL PROPERTY

Liability Statement: The purpose of this statement is to determine liability in the event of bodily injury which occurs in the school facility requested above while the applicant or applicant organization is using the facility. Any individual or group that is authorized to use school facilities is responsible for liabilities resulting from bodily injuries that occur during the time the facility or portion thereof, is authorized for use. The Board of Education strongly recommends that groups using a school facility secure the proper insurance. By signing below, you are indicating that you have read this liability.

Signature: _____ Date: _____

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Adult in charge is to report to Community Education any damages to school facilities

RATES FOR POOL USE

\$75.00 for 2 hours (12:00-2:00 Saturdays or 12:00-2:00 Sundays) for up to 21 people. *We ask that you do not go beyond the allotted pool use times. Thank you.*

PARTY ROOM (45 minutes) 2:00-2:45

FREE – if you agree to pick up after yourselves – this is usually the Elementary lunch room for 45 minutes and is used to open gifts and have cake.

We ask that the food and gifts be done promptly at 2:45. Thank you!