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 Building Reservations  
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Community Education  
 Building Reservations  
 150 East 98<sup>th</sup> Street  
 Bloomington, MN 55420

Permit # \_\_\_\_\_

**2019-2020 FACILITY USE REQUEST FORM  
 (non-school/district events)**

Organization / Group Name \_\_\_\_\_ Day Phone \_\_\_\_\_  
 Main Contact Name \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_ FAX \_\_\_\_\_

<b>EVENT:</b> _____	<b>Time Requested</b> (note: rental time must <b>INCLUDE</b> setup/cleanup time)
<b>DATES:</b> _____	Set-up start time: _____
_____	Event start time: _____
_____	Event end time: _____
<b>Attendance est.:</b> _____	Clean-up end time: _____

**Location Preference**

<input type="checkbox"/> Jefferson High School	<input type="checkbox"/> Oak Grove Middle	<input type="checkbox"/> Hillcrest Elementary	<input type="checkbox"/> Poplar Bridge
<input type="checkbox"/> Jefferson Activity	<input type="checkbox"/> Olson Middle	<input type="checkbox"/> Indian Mounds Elementary	<input type="checkbox"/> Ridgeview Elementary
<input type="checkbox"/> Kennedy High School	<input type="checkbox"/> Valley View Middle	<input type="checkbox"/> Normandale Hills	<input type="checkbox"/> Valley View Elementary
<input type="checkbox"/> Kennedy Activity	<input type="checkbox"/> Pond Family	<input type="checkbox"/> Oak Grove Elementary	<input type="checkbox"/> Washburn Elementary
	<input type="checkbox"/> Southwood Center	<input type="checkbox"/> Olson Elementary	<input type="checkbox"/> Westwood Elementary

**Room Preference**

<input type="checkbox"/> Gymnasium: _____	<input type="checkbox"/> Auditorium	<input type="checkbox"/> Lunchroom/Cafeteria	<input type="checkbox"/> Media Center
<input type="checkbox"/> Team Room	<input type="checkbox"/> Classroom: # _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Indoor Pool

**Special Needs**

<input type="checkbox"/> Podium	<input type="checkbox"/> Full sound system	<input type="checkbox"/> TV / VCR	<input type="checkbox"/> # of tables/chairs
<input type="checkbox"/> # of microphones	<input type="checkbox"/> Stage lighting	<input type="checkbox"/> Overhead projector	<input type="checkbox"/> Other: _____

**Detailed Instructions / Notes**

\_\_\_\_\_

Please allow a **minimum** of two weeks for your request to be processed. The annual \$20 Permit Fee will be billed on your first invoice. This permit fee is paid once per school year for each building and covers the fiscal year July 1 to June 30.

\_\_\_\_\_  
**Signature of Main Contact**

\_\_\_\_\_  
**Date**