

Facilities Management

S. Lake Community Center Leech Lake Reservation

Name of Group or Family's Last Name:					
Contact Person	on:		Telephone #		
What will you I	be holding?				
□Wake	□ <u>Funeral</u>	□ Memorial Dinner	□ <u>Meeting</u>	□ <u>Birthday Party</u>	□ <u>Baby Shower</u>
□Other					
Date(s) Neede	ed:				
(If using for Wake/Funeral you DO NOT have to answer the following questions)					
Time of use: _			1 To:		
Equipment nee	eded:				
CONDUCTOR Children mof children Requests a Councils have	ct, adherent of the control of the c	luals making recently all times and requesting use of the adjustment and recently other areas. funerals will be given on the day you requesting use of the day you requesting use of the day you requesting the second sec	time, classifications of the control	eanup and ar nust be provided f nust be at least 18 vation Business and forities NO EXCE	for large groups by years of age. and Community experience.
<u>i am</u>	<u>signing ti</u>	<u>nis knowing tha</u>	<u>at i nave</u>	to follow all t	<u>ne above.</u>
Date:		Requester Sign	ature:		
Building Ma	nager	Not approved:		roved: 🗆	
Denied (Reas	son)				
Other Inform	nation:				
Facilities Management Department					
	Telephone	Number: (218) 335-831	8 Fax	Number: (218) 335-4	1421