

**Fond du Lac Cloquet Community Center
Tribal Center
Facility Use Request Form**



FUNERALS HAVE PRIORITY OVER ANY EVENT OR ACTIVITY

PURPOSE OF REQUEST: _____

Approximate size of Party/Group _____

Room Requesting:(circle one) **CC** **ENP** **CLR** **BK** **YR** **GYM**

DAY & DATE DESIRED: _____

Please check the calendar for availability

Begin Time: _____ **End Time:** _____

Please CONFIRM your reservation prior to your event.

Persons making this request are responsible for leaving the facility in good condition when the event/activity is over.

NAME of PERSON Making Request: _____

AGENCY: _____

TELEPHONE #: WORK: _____ HOME: _____

SIGNATURE: _____ **DATE:** _____

Facility Use

DATE Received: _____ **By:** _____

() Approved () Denied

Supervisor Signature