



FOND DU LAC NA'ENIMONIGAMIG & GITIGAANING FACILITY USE REQUEST FORM

This request must be submitted no less than 14 business days prior to the activity date for groups, and 4 days for individual producers.

Failure to comply may result in the denial of the request.

Submission of this form is merely a request, approval will depend on the Agricultural Division's capacity.

For more information, email the facility manager at naenimonigamig@fdlrez.com or call 218-590-6263

Name of Activity/Event: _____

Date of Activity: _____ **Time:** From _____ To _____ AM/PM

Club, Group or Organization: _____

Estimated Participants: _____

Contact Info/Person Making Request:

Name _____ Position/Title _____

Phone # (required) _____ Work # _____

Contact Email _____

Request Details: Please indicate which facilities/equipment you are requesting. Check all that apply.

Facilities

- Gitigaaning (full tour of the grounds including field, cannery, root cellar, etc.)
- Use of Na'enimonigamig (kitchen/cannery)

Equipment

****NOTE:** Table/tent/chairs are available to internal Fond du Lac Programs only. External agencies will need to supply their own if it is outside the capacity of Na'eniminogamig.

- Tent
- Tables/Chairs: how many? _____
- Sound/microphone system

Please note any existing damage to the facility:



SPONSOR'S SECURITY SERVICE

As the Sponsor and requester of this event, I have read and thoroughly understand all the requirements as set forth in this Fond du Lac Facility Use Agreement. With my signature, I agree to, and accept responsibility for the adherence of all terms set forth in this agreement.

Sponsor Signature

Signature Date

The above sponsor/organization will be responsible for the proper care and use of kitchen and equipment. Loss or damage to equipment and/or facility will be assessed to the responsible person/organization.

Submission of this form is merely a request. The responsible person will receive notice of our decision/availability via email within 14 days of submission.

FACILITY USE ONLY

Date Received _____

Approved

Denied

Facility Manager Signature

Signature Date