



## CLOQUET COMMUNITY CENTER FACILITY USE REQUEST FORM

**Must provide FDL Tribal ID or employee ID**

**FDL TRIBAL ID# \_\_\_\_\_**

**Funerals have priority over any event.**

Purpose of Request: \_\_\_\_\_

Number of guests expected: \_\_\_\_\_

Room Requesting: (circle one)    ENP    CCC-ENP    CLASSROOM.  
HALLWAY CLASSROOM

Date(s) Requesting: \_\_\_\_\_  
(Please confirm with calendar for availability)

Begin Time: \_\_\_\_\_                      End Time: \_\_\_\_\_

**All parties are responsible for bringing their own supplies/equipment example: cooking utensils, etc. Persons making the request are responsible for leaving the facility in good condition when event is over. Management reserves the right to collect payment for any damages. Requestor Intl: \_\_\_\_\_**

NAME OF PERSON MAKING REQUEST & TRIBAL ID#/OR FDL DEPT

NAME/DEPT: \_\_\_\_\_

CONTACT PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

Facility Use Only

Date received: \_\_\_/\_\_\_/\_\_\_    Received By: \_\_\_\_\_

Approved: \_\_\_\_\_    Denied: \_\_\_\_\_                      Date: \_\_\_\_\_

Center Manager Signature: \_\_\_\_\_