

## Facilities Management

## Kego Lake Community Center Leech Lake Reservation

Name of G	Froup or Family	's Last Name:				
Contact Per	rson:	Telephone #			<del></del>	
What will you	u be holding?					
□ <u>Wake</u>	□ <u>Funeral</u>	□ Memorial Dinner	□ <u>Meeting</u>	☐ Birthday Party	□ <u>Baby Shower</u>	
□Other						
Date(s) Need	ded:					
		<u> Wake/Funeral you DO NO</u>		<u> </u>		
Time of use:			I To:			
Equipment n	eeded:					
Groups	or individ	luals making re	quests w	vill be held re	sponsible for	
		ence to allotted	-		_	
of childre Requests	n. Individuals are subject to	rvised at all times an requesting use of the adjustment and revover other areas.	e building m	nust be at least 18	years of age.	
<u>W</u>		funerals will be give ke on the day you reque	•			
By sig	ning my n	<u>ame below me</u>	ans I do	accept these	e conditions.	
Date:	te: Requester Signature:					
		Not approved:	Аррі	roved: 🗆		
Building Manager			Date:	Date:		
Denied (Re	ason)					
Other Infor	mation:		Date o	confirm with JC:		
		Facilities Mana	nement Dena	nrtment		

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