







CONTACT INFORMATION

Set-up needed?

DATE SUBMITTED:

	Name:			_
	Secondary Contact:			_
	Organization or School Name:			
	Phone Number:			_
		EVENT DETAILS		
	Event Date Requested:			_
	Time of Event:			_
	2nd Choice Date/Time:			_
	Number of Students in group:			
	Number of Staff/Volunteers with group:			
Any special accomodations?				
	Will your group be brining food	? Y/N If yes, what fo	od?	_
	TY	PE OF EVENT (CIRCLE	ONE)	
	Sports Team	Meeting	School Class	
	Non-Profit	Training	Special Neesds Group	
	Community Event	Daycare	Other	
49 STUE	DENTS OR LESS - 1 HOUR RENTAL \$3 PER STUDE 50 STUDENTS OR	ENT, 2 HOUR RENTAL \$3 PER		ECOND HOUR
	For all other group rates please call the	office at MFGF and we will work w	th you on special pricing. 218-847-3637	
	All participants MUST have waiver signed for	or participation. Download and prin	nt waivers at mnflyersgym.org/event-requests	
# of	FICE USE ONLY: f staff needed: ount charged:	Other note	es:	