Please return from to: Trisha Sorenson, District Facility Scheduler, Minnetonka Public Schools, 5621 County Road 101, Minnetonka, MN 55345 trisha.sorenson@minnetonka.k12.mn.us Phone: 952-401-5052 . FAX: 952-401-5032

<u>Space Request – Youth Basketball</u> <u>Youth Teams formed and insured through AAU/MYAS – Sponsored by Parents</u>

AVAILABLE LOCATIONS: MME, MMW, Elementary wood floor gyms (Mon through Fri)

TIMES: 6:00-7:30 pm (or) 7:30-9:00 pm

OF PRACTICES: 2 per team per week No practice week of Spring Break

PLEASE PROVIDE:

- 1. Team Name use Team Johnson, etc, using Coach's name
- 2. Did this team practice last year, if so Team Name?
- 3. Coach/contact name, address, **cell phone** and ******email address.

**A permit will be sent to the e-mail address provided.

- 4. Choice of EAST or WEST side of district:
- 5. Grade level or age: _____
- 6. Boys or Girls:
- 7. First date of practice: _____
- 8. Last date of practice: _____
- 9. Provide when available the list of players with names and addresses.
- 10. Provide before first practice date the liability insurance coverage naming Minnetonka Public Schools as a certificate holder or additionally insured.

PREFERENCES:

Day of Week – Practice 1	□ 6:00-7:30 (or) □ 7:30-9:00
Day of Week – Practice 2	□ 6:00-7:30 (or) □ 7:30-9:00
(list alternate or second choices)	

REQUIRED:

***Need Certificate of Liability Insurance & Team Roster with Player Names & Addresses

Reminders about Minnetonka School District Facility Use.

- 1. Permits can only be issued if all of the above requested information is provided.
- 2. Please read the permit you receive and carry it with you to practices.
- 3. Custodians are on duty in all buildings during the scheduled practice times.
- 4. Please enter and leave through the designated entrance/exit.
- 5. Please do a visual search of the gym before you leave, all spaces should be picked up and left ready for the next school day.
- 6. Gym times may be switched between teams.
- 7. Practices are limited to an hour and a half per evening.
- 8. Do not enter the gym until your scheduled start time.

Permit No:	Issued & E-mailed:
Team Name:	Insurance in? Roster in?