

# Leech Lake Tribal College

## Request for Classroom or Facility Use

For office use only:

Approved  Not Approved

Reason:

Date:

Name of Group or Organization: \_\_\_\_\_

Type of Activities: \_\_\_\_\_

Date(s): \_\_\_\_\_

Time(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Approx. Number of People: \_\_\_\_\_

Facilities Requested: \_\_\_\_\_

Equipment Needed: \_\_\_\_\_

If request is regular, indicate days of the week and beginning and end time:  
\_\_\_\_\_

Will an admission fee be charged or other form of fundraising be involved:  
\_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
Signature Date

Please remit form to:  
Facilities Request  
Leech Lake Tribal College  
P.O. Box 180  
Cass Lake, MN 56676

Or Email or fax to:  
[rmreservations@lltc.edu](mailto:rmreservations@lltc.edu)  
fax 218-335-4282  
For any questions, please call:  
218-335-4290

\*If approved, you will receive written quote for use. Please return the quote with your purchase order.

\*The group and/or individual making the request will be held responsible for good conduct, adherence to allotted time, clean up and any damage done to premises as well as for special conditions indicated below. Leech Lake Tribal College will not be responsible for equipment / material damage or loss.