

BOSCOBEL AREA SCHOOLS
1110 Park Street
Boscobel, Wisconsin 53805

BUILDING USE REQUEST
(Please read attached Policy 803.00)

Date: 4/1/19

SECTION 1

Name of Organization: BASH

Person Responsible: Andree Ngahlem Telephone: 612-269-4881

Address: 1520 Mound St, Boscobel

Room/Facility Requested: Bulldog Cafe

Type of Activity: Student Rally

Days/Date Needed: Thurs. 4/18/19 From: 5:30 AM To: 8:30 PM
(Include set up time and tear down time if applicable) NOTE: A Custodian Will Be Required For All Building Use Requests.

Equipment Needed (bleachers, chairs, etc.): 1 mic + sound system

Will Your Organization Sell Concessions? Yes No
Will Your Organization Charge Admission or Take Up A Collection? Yes No
Have Arrangements Been Made For Proper Security? Yes No

I acknowledge that I have received a copy of Policy 803.00 School Facilities Use and will abide by it's content:

Signature of Building Use Requester: [Signature] Date: 4/1/19

Signature of Building Administrator/Supervisor: [Signature] Date: 4-1-19

Signature of Head of Maintenance: [Signature] Date: 4-3-19

Signature of Superintendent: _____ Date: _____

Board Approval (if applicable): _____ Date: _____

Bill Organization for: Building Use Fee (Prepaid) Custodian/Cafeteria Worker (Billed After Event) Other (please specify) No Charge

SECTION 2

VOLUNTEER DISCLAIMER (Needs to be completed if the kitchen is being utilized - Refer to backside of this form.)

I, _____, AM VOLUNTEERING MY TIME FOR THE ABOVE REQUEST.
(PLEASE PRINT NAME CLEARLY)

(SIGNATURE)

SECTION 3

(This section will be completed after the date of your activity and mailed to you for billing purposes, if applicable.)

Prepaid Building Use Fee: _____ =\$ _____

Custodian/Cafeteria Worker Name: _____
_____ Hours X \$ _____ per hour. =\$ _____

Other Charges: _____ =\$ _____

Total Amount Due: =\$ _____

(PLEASE MAKE CHECK PAYABLE TO BOSCOBEL AREA SCHOOLS)