Boscobel High School 300 Brindely Street Boscobel WI 53805

Building Use Request

Please Read Attached Policy 7510

Phone: 608-375-4161 Fax: 608-375-264

Please make checks payable to Boscobel Area Schools

Name of Organization: CESA #3	_{Date:} 03/11/19
Person Responsible: Clark Jillson	Phone: 608-375-5717
Address: 501 East Oak Street	
Room/Facility Requested: Track & Football Field & Concession Stand Type of	Activity: Special Education Champion Games
Date Needed: $05/10/2019$ Time: $8:00$ (Include set up time and tear down time if applicable) NOTE: A custodian will be referred.	AM to 2:00 PM equired for all building use requests.
List all equipment needed (Bleachers, chairs, etc.): (1) Gatorade Jug, Access to PE storage room & Handicap bathroom,	Access to building
Will your organization sell concessions? No Will your organization charge admission or take up a collection? No Have arrangements been made for proper security? Yes	
Section 2 I acknowledge that I have received a copy of policy 7510-Use of District Fac	ilities and will abide by its content. $3-1/-19$
Signature of Building Use Requestor	Date
Joey Martin Digitally signed by Joey Martin Date: 2019.03.11 16:05:49 -05'00'	3-11-19
Signature of Building Administrator/Athletic Director	Date
Signature of Maintenance/Custodial	Date
Board Approval (if applicable)	Date
Section 3 – Billing Building Use Fee Custodian/Cafeteria Worker (Prepaid) (Billed After Event)	Other No Charge
Section 4 $-$ This section will be completed after the date of your activity and mailed to yo	u for billing purposes, if applicable.
Prepaid Building Use Fee: Custodian/Cafeteria Worker Name:	= \$
Hours X \$ per hour	= \$
Other Charges: Total Amou	= \$ unt Due: = \$