

Boscobel High School **Building Use Request** Phone: 608-375-4161 300 Brindley Street Please Read Attached Policy 7510 Fax: 608-375-2640 Boscobel WI 53805

Section 1 Name of Organization: School counselor

Date: 9-24-19

Person Responsible: R Scallon Phone: 485-0610

Address:

High school

Room/Facility Requested: library Type of Activity:

Ben's Hope

Date Needed: Oct 7 Time: 7:30 PM to 11:05 AM

PM

(Include set up time and tear down time if applicable) NOTE: A custodian will be required for all building use requests.

List all equipment needed (Bleachers, chairs, etc.):

Will your organization sell concessions? NO Will your organization charge admission or take up a collection? NO

NO

Have arrangements been made for proper security? NO

NO

Section 2 I acknowledge that I have received a copy of policy 7510-Use of District Facilities and will abide by its content.

R Scallon

Signature of Building Use Requestor Date

Signature of Building Administrator Date

W. D. D. Signature of Athletic Director Date 9/25/19

Signature of District Administrator Date

Section 3 – Billing _____ Building Use Fee _____ Custodian/Cafeteria Worker _____

Other _____ No Charge

(Prepaid) (Billed After Event) (Specify)

Section 4 – 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 checks payable to Boscobel Area Schools