

BUILDING USE REQUEST
(Please read attached Policy 803.00)

Date: 8-16-19

SECTION 1

Name of Organization: Boscobel Youth Wrestling

Person Responsible: Todd Bell Telephone: 608-391-0650

Address: 110 Doc Mac Dr Boscobel, WI 53805

Room/Facility Requested: Little Gym, Big Gym, Kitchen, & Cafe

Type of Activity: Wrestling

Days/Date Needed: Fri. & Sat. March 13 & 14 2020 From: 6-9 ^{on Friday} sat AM 6 PM To: 6 AM 2 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.): bleachers tables chairs

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: Todd Bell Date: 8-16-19

Signature of Building Administrator/Supervisor: [Signature] Date: 8/19/20

Signature of Head of Maintenance: [Signature] Date: 8-27-19

Signature of Superintendent: [Signature] Date: _____

Board Approval (if applicable) _____ Date _____

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

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)