

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

Section 1

Name of Organization: Youth Wrestling Date: 9-24-19

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

Address: 110 Doc Mac Dr

Room/Facility Requested: Cafe Type of Activity: meeting

Date Needed: 11-11-19 Time: 600 PM to 800 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

Have arrangements been made for proper security? No

Section 2

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

Todd Bell
Signature of Building Use Requestor

9-24-19
Date

Walter B. B...
Signature of Building Administrator/Athletic Director

9-25-19 / 9-26-19
Date

Signature of Maintenance/Custodial

Date

Board Approval (if applicable)

Date

Section 3 – Billing

☐ Building Use Fee (Prepaid) ☐ Custodian/Cafeteria Worker (Billed After Event) ☐ Other (Specify) ☐ No Charge

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