

Boscobel High School  
300 Brindley Street  
Boscobel WI 53805

## Building Use Request

Please Read Attached Policy 7510

Phone: 608-375-4161

Fax: 608-375-2640

### Section 1

Name of Organization: Cross Country Team Date: 11/4/19

Person Responsible: Skyler Reynold Phone: 608-732-1387

Address: 300 Brindley St

Room/Facility Requested: Bulldog Cafe Type of Activity: Banquet

Date Needed: 11/12/19 Time: 6:45 PM to 9:00 PM

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

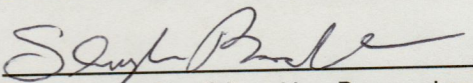
List all equipment needed (Bleachers, chairs, etc.):

Tables, Chairs, Podium, Big Screen, Projector, White Tables (6)

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 Facilities and will abide by its content.

  
Signature of Building Use Requestor

11/04/19  
Date

\_\_\_\_\_  
Signature of Building Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Athletic Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Administrator

\_\_\_\_\_  
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*