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

| POSCODEI MI 33803 | | ^ | | 1 | JOU 18 19 |
|--|--|---|-----------------------|----------------|-------------------------|
| Section 1 Name of Organization: | 3 Baskett | 500 | 12201 0 | Date | 1990 |
| Person Responsible: Siscuri | Beck + H | enny Der | Phone: _ | - 87 | 2-2334 |
| Address: 23820 N |). Insh 1 | Ridge | Rd. | | 1 2 |
| Room/Facility Requested: | Udog Cati | | e of Activity: _ | | |
| Date Needed: | me if applicable) NOTE: | Time: 3: A custodian will | PM I be required for | to <u>S</u> | g use requests. |
| List all equipment needed (Bleacher Labels + Classian Will your organization sell concession Will your organization charge admitted the transfer of the concession of the conc | ions? NO ission or take up a coll | ection? NO | to eat the driver | at. | |
| Section 2 I acknowledge that I have receive | | | t Facilities and | will abide | e by its content. |
| Sugar Jan Dogwood | Beck | g onto an abilitation of | Date | <i>[[- [</i> | 8-14 |
| Signature of Building Use Request | | es considered as | | 11-1 | 8-19 |
| Signature of Building Administrator | Tr Comment | 1 100000 10 211 | Date | e | U BALICH HOUSE INCO |
| sected control of the section of the | CLA | | | 11-18-19 | 4 |
| Signature of Athletic Director | Crises and regulations; 4) of | anons (à senoria mes à) locción (à senoria | Date | e ′ | |
| Signature of District Administrator | maskuma, tuhc'x 2 mas, asi | SPTWC leb_cov | Date | e | na too abhan ne ra |
| Section 3 – Billing Building Use Fee (Prepaid) | Custodian/Cafeter (Billed After Event) | | Other (Specify) |) | No Charge |
| Section 4 – This section will be comp | pleted after the date of your | activity and maile | ed to you for billing | g purposes, | if applicable. |
| Prepaid Building Use Fee: Custodian/Cafeteria Worker Name: | Hours X \$ | per hour | ti to (příš) inome | = \$ = \$ | ADDED DEED |
| to so the form the sol of the sol | HOUIS X \$ | per nour | | = \$ | T levologi Miss educ |
| Other Charges: | Total Amount Due: = \$ Please make checks payable to Boscobel Area School | | | | |