

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: Boscobel Bay's Basketball Date: 1-9-20

Person Responsible: Levi Esters Phone: 608-485-1846

Address: 412 East Bluff Street

Room/Facility Requested: Big Gym Type of Activity: Tournament

Date Needed: 1-18-20 Time: 8:00 ^{A.M.} ~~P.M.~~ to 6:00 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.):

Bleacher Tables chairs
Concession Scores Table

Big Gym

Will your organization sell concessions? X

Will your organization charge admission or take up a collection? X

Have arrangements been made for proper security? X

*6th gr youth Boys
(6 teams)*

Section 2

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

Levi Esters
Signature of Building Use Requestor

1-9-20
Date

Signature of Building Administrator/Athletic Director

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