

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 High School Student Council Date: October 21, 2019

Person Responsible: Julie Zart Phone: 608-375-4161

Address: 300 Brindley Street, Boscobel

Room/Facility Requested: Big Gym Type of Activity: Red Cross Blood Drive

Date Needed: Monday, Mar 2, 2020 Time: 7:00 AM to 3:30 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.):
floor mats, 40 chairs, 10 to 12 tables

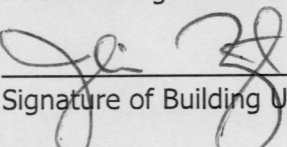
Will your organization sell concessions? No

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.


Signature of Building Use Requestor

10-21-19
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