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

Please make checks payable to Boscobel Area Schools

Section 1 Name of Organization: Boscobel Youth Basketball Date: 10-919
Person Responsible: Yerry Grassy Phone: 605 485-3903
Address: 401 E. Bluff St Boscobel, WI
Room/Facility Requested: Catelogy Type of Activity: Forst Circls Journal of PM  Type of Activity: PM  Time: 5! De PM  Time: 5! De PM  To 1:00 PM  Tinclude set up time and tear down time if applicable) NOTE: A custodian will be required for all building use requests.
Date Needed:
List all equipment needed (Bleachers, chairs, etc.):  tables & Chairs in Capateria for 40 people
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  Section 2  The section 2 is a second relief 7510 bloop of Dietrict Encilities and will abide by its content
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  (e. Otto Walled April  10-9-19 10-11
Signature of Building Administrator/Athletic Director Date
Signature of Maintenance/Custodial Date
Board Approval (if applicable)  Date
Section 3 – Billing Building Use Fee Custodian/Cafeteria Worker (Prepaid) Custodian/Cafeteria Worker (Specify)  Custodian/Cafeteria Worker (Specify)
<u>Section 4</u> — 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: = \$