

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: Boscobel High School Volleyball Date: 10-15-2019

Person Responsible: Pam Yahn / Shawna Bedward Phone: 608-485-0591

Address: 121 Wildwood Ct Boscobel WI 53805

Room/Facility Requested: Buildog Cafe Type of Activity: end of year volleyball banquet

Date Needed: Monday Nov 4 Time: 5 PM to 8 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.):

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.

Pam Yahn  
Signature of Building Use Requestor

10/15/2019  
Date

Walter P. Byrner  
Signature of Building Administrator

10/17/19  
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