

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 Youth Wrestling Date: 1-28-20

Person Responsible: Todd Bell Phone: 608-391-0650

Address: 110 DuCane Dr Boscobel, WI 53805

Room/Facility Requested: Cafe Type of Activity: Meeting

Date Needed: Feb 10<sup>th</sup> 2020 Time: 6:30 PM to 8:00 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.):

Tables & Chairs

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.

Todd Bell  
Signature of Building Use Requestor

1-28-20  
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