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

Please make checks payable to Boscobel Area Schools

Name of Organization: Boscobel	4th Grade Bask	cetball	Date:	12/3/1	9
Person Responsible: Crystal Bro	wn	Phono		306-094	
Address: 103 Pearl Street		PHONE			•
Room/Facility Requested: HS Sma	all Gym	_ Type of Activi	_{tv:} baske	tball prac	tice
Date Needed: 12/3/19 + 12/5 (Include set up time and tear down time if a	-/194R/10 Time:	6:00 PM	to	7:30	РМ
List all equipment needed (Bleachers, ch basketballs and hoops	nairs, etc.):				
Will your organization sell concessions? Will your organization charge admission Have arrangements been made for prop	or take up a collection?	<u> </u>			
Section 2	my of maliny 7510 Has of D				
I acknowledge that I have received a co	py or policy 7510-Use or D		and will ab 12/3/19		itent.
Signature of Building Use Requestor			Date		_
Signature of Building Administrator		_ <u> </u>	Date		
Signature of Athletic Director			Date		
Signature of District Administrator			Date		
	ustodian/Cafeteria Worker illed After Event)	Oth		_ No Charge	
Section 4 - This section will be completed aft	er the date of your activity and	mailed to you for bi	lling purposes	s, if applicable.	
Prepaid Building Use Fee: Custodian/Cafeteria Worker Name:			= \$_		
	Hours X \$ per hour		= \$_		
Other Charges:		Total Amount Du	= \$		