

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: Suzanne Brinkman

Date: 5/25/21

Person Responsible: Suzanne Brinkman

Phone: 608-375-4161

Address: \_\_\_\_\_

Room/Facility Requested: LMC

Type of Activity: CPR

Date Needed: 6/4 & 6/7

Time: 740 AM to 340 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.):

Ability to show DVDs for training. Projector and screen.

3 should be able  
to use smartboard  
(Suzanne  
checked)

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.

Suzanne Brinkman  
Signature of Building Use Requestor

5/25/21  
Date

Walter P. Byrne  
Signature of Building Administrator

5-26-21  
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