

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: Custodial Training Date: 12/2/20

Person Responsible: Walter Byrne Phone: 608-375-4161

Address: 300 Brindley Street

Room/Facility Requested: Bulldog Cafe Type of Activity: Training

Date Needed: 1/7/2021 Time: 1:00 PM to 2:00 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.):

Chairs & Tables

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.

Walter P. Byrne  
Signature of Building Use Requestor

12-2-20  
Date

Walter P. Byrne  
Signature of Building Administrator

12-2-20  
Date

Walter P. Byrne  
Signature of Athletic Director

12-2-20  
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