Boscobel High School 300 Brindley Street Coscobel 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:	Pys Bashetball	[Date: 2-19-20
Person Responsible: Kari	Brown	Phone:	185-60000 236
Address:			
Room/Facility Requested:	La fe teria Ty	ype of Activity:	Me-gama mer
Date Needed: 2-2/-//	Time: <u>〔</u> ime if applicable) <i>NOTE: A custodian v</i>	2:3b PM t	o 5:00 PM
List all equipment needed (Bleach	ers, chairs, etc.): Falles a	end Chais	-5
Will your organization sell concess Will your organization charge adm Have arrangements been made fo	ission or take up a collection? NO		
Section 2 Icknowledge that I have receive	d a copy of policy 7510-Use of Distr	ict Facilities and w	vill abide by its content.
Mark he Dav		19-20	
Signature of Building Use Requestor		Date	
Signature of Building Administrator		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 compl	eted after the date of your activity and mail	led to you for billing p	urposes, if applicable.
Prepaid Building Use Fee: Custodian/Cafeteria Worker Name:			= \$
Controlled Worker Humbr	Hours X \$ per hour		= \$
Other Charges:	Tot	al Amount Due:	= \$ = \$