

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: Football Club Date: 2/25/2020

Person Responsible: Dustin Johnson Phone: 608-574-2679

Address: 8405 Valley View Rd Mt Hope WI 53816

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

Date Needed: 2/25/2020 Time: 6:00 PM to 7:30 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 (cafeteria), white tables, chairs, movie projector & screen

Will your organization sell concessions? No

Will your organization charge admission or take up a collection? No

Have arrangements been made for proper security? What is proper security... I'll be there.

## Section 2

I acknowledge that I have received a copy of policy 7510-Use of District Facilities and will abide by its content.

[Signature]  
Signature of Building Use Requestor

2/18/2020  
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