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

Please make checks payable to Boscobel Area Schools

	Section 1 Name of Organization: Bascobel Basketball Clab Date: 2-16-20
	Person Responsible: Levi ESTERS Phone: 608-485-1846
	Address: 412 East Bluff St.
	Room/Facility Requested: K-tchen Type of Activity: <u>Fundraiser</u>
	Date Needed: 220-20 Time: 4.60 PM to 7.00 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, Coolers, Tables, Front part of Kitchen
	Will your organization sell concessions? Will your organization charge admission or take up a collection? YES Have arrangements been made for proper security?
)	Section 2 I acknowledge that I have received a copy of policy 7510-Use of District Facilities and will abide by its content. Let $2-16-20$
	Signature of Building Use Requestor Date
	Signature of Building Administrator/Athletic Director Date
	Signature of Maintenance/Custodial Date
	Board Approval (if applicable) Date
	Section 3 – Billing Building Use Fee Custodian/Cafeteria Worker Other No Charge (Prepaid) (Specify)
	<u>Section 4</u> — 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: = \$