

BOSCOBEL AREA SCHOOLS  
1110 Park Street  
Boscobel, Wisconsin 53805

**BUILDING USE REQUEST**  
(Please read attached Policy 803.00)

Date: 12-17-18

**SECTION 1**

Name of Organization: Boscobel High School Wrestling

Person Responsible: Shayla Pickett / Greg Bell Telephone: 608-391-0435

Address: 23041 Byers Rd Boscobel, WI 53805

Room/Facility Requested: HS Cafeteria / Kitchen

Type of Activity: Soup Supper Fundraiser & preparation

Days/Date Needed: Thurs Jan. 10th & Fri. Jan 11th 2019 From: AM 3:30 PM To: AM 9:00 PM  
(Include set up time and tear down time if applicable) NOTE: A Custodian Will Be Required For All Building Use Requests.

Equipment Needed (bleachers, chairs, etc.): Stove, Ovens (warming if needed), tables & chairs (will need white tables in addition to cafeteria tables)

Will Your Organization Sell Concessions?  Yes  No  
Will Your Organization Charge Admission or Take Up A Collection?  Yes  No  
Have Arrangements Been Made For Proper Security?  Yes  No

I acknowledge that I have received a copy of Policy 803.00 School Facilities Use and will abide by it's content:

Shayla Pickett  
Signature of Building Use Requester

12-17-18  
Date

Walter P. Byrnes  
Signature of Building Administrator/Supervisor

12-21-18 / 01/19  
Date

Signature of Head of Maintenance

Date

Signature of Superintendent

Date

Board Approval (if applicable)

Date

Bill Organization for:  Building Use Fee  Custodian/Cafeteria Worker  Other (please specify)  No Charge  
(Prepaid) (Billed After Event)

**SECTION 2**

**VOLUNTEER DISCLAIMER** (Needs to be completed if the kitchen is being utilized - Refer to backside of this form.)

I, \_\_\_\_\_, AM VOLUNTEERING MY TIME FOR THE ABOVE REQUEST.  
(PLEASE PRINT NAME CLEARLY)

\_\_\_\_\_  
(SIGNATURE)

**SECTION 3**

(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 CHECK PAYABLE TO BOSCOBEL AREA SCHOOLS)