

# REQUEST USE FOR A NON-ATHLETIC EVENT FACILITY

## SHEBOYGAN FALLS SCHOOL DISTRICT

TO HELP PROCESS THIS FORM PLEASE COMPLETE ALL AREAS AND SUBMIT TWO WEEKS PRIOR TO EVENT.

### CONTACT INFORMATION

\* Today's date: \_\_\_\_\_  
 \* Name of Group/Organization: \_\_\_\_\_  
 \* Contact Person/s: \_\_\_\_\_  
 \* Street Address: \_\_\_\_\_  
 \* City, State Zip: \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Best Phone number to be reached \_\_\_\_\_

### FACILITY REQUEST INFORMATION

BUILDING/S BEING REQUESTED  
 High School       Middle School       Elementary School

REQUEST CATEGORY  
 School Function       Other: \_\_\_\_\_

TAX EXEMPT STATUS  
 Profit       Non Profit Tax Exempt # \_\_\_\_\_

All Group/Organizations must provide a Certificate of Insurance if not already on file

### AREA/S BEING REQUESTED

High School	Middle School	Elementary	Miscellaneous
<input type="checkbox"/> Gym Lobby	<input type="checkbox"/> HS Auditorium	<input type="checkbox"/> Gym Lobby	<input type="checkbox"/> ES Cafeteria
<input type="checkbox"/> Weight Room	<input type="checkbox"/> HS Cafeteria	<input type="checkbox"/> Auditorium	<input type="checkbox"/> ES Library
<input type="checkbox"/> HS Library	<input type="checkbox"/> HS Band	<input type="checkbox"/> MS Cafeteria	<input type="checkbox"/> Foyer Area
<input type="checkbox"/> Concession Stand	<input type="checkbox"/> HS Choir	<input type="checkbox"/> Computer Lab	<input type="checkbox"/> Class Rm # _____
<input type="checkbox"/> Foyer Area	<input type="checkbox"/> Kitchen	<input type="checkbox"/> MS Library	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dance Room	<input type="checkbox"/> Other _____	<input type="checkbox"/> Class Room # _____	<input type="checkbox"/> Gym
<input type="checkbox"/> Locker Room	<input type="checkbox"/> Gym	<input type="checkbox"/> Foyer Area	<input type="checkbox"/> Press Box - Football
			<input type="checkbox"/> Press Box - Baseball
			<input type="checkbox"/> Parking Lot
			<input type="checkbox"/> Computer Lab
			<input type="checkbox"/> Concession Stand Outside
			<input type="checkbox"/> Other _____
			<input type="checkbox"/> Gym

### PURPOSE OF EVENT

Charging Tuition       Fundraiser  
 Meeting       Other \_\_\_\_\_

## THIS FORM IS FOR NON-ATHLETIC EVENTS. IF YOU ARE REQUESTING AN ATHLETIC EVENT FACILITY, PLEASE USE THE ATHLETIC FACILITY REQUEST FORM

### DATE/S BEING REQUESTED

Request Start Date: \_\_\_\_\_ Request End Date: \_\_\_\_\_  
 Day/s of the week: \_\_\_\_\_  
 Ongoing Days: (Example- First Tuesday of the Month)      **WED / SUN FACILITIES NOT AVAILABLE AFTER 5:30 FOR REC, ETC W/O SCHOOL BOARD APPROVAL**  
 Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
 Total Number of Days you are requesting: \_\_\_\_\_ **CUSTODIAN NEEDED - CLEAN-UP \*\*\* Yes / No HOURS - \_\_\_\_\_**  
 Exclude the following dates: \_\_\_\_\_ **CUSTODIAN NEEDED - DOORS OPENED \*\* Yes / No**  
 Approximate # of People: \_\_\_\_\_ % Residents of SFSD \_\_\_\_\_ **DOORS YOU WANT OPENED \_\_\_\_\_**

\*\*\* There is a fee for Custodial Clean-up

\*\* Please be aware there is a \$60.00 fee per usage of the facilities opened on the weekends.

### EQUIPMENT REQUESTS

<input type="checkbox"/> Microphone	<input type="checkbox"/> Overhead	<input type="checkbox"/> Screen	<input type="checkbox"/> VCR/DVD	<input type="checkbox"/> Monitor	<input type="checkbox"/> Electric Cords
<input type="checkbox"/> TV	<input type="checkbox"/> Computer	<input type="checkbox"/> Cameras	<input type="checkbox"/> Tables	<input type="checkbox"/> Chairs	<input type="checkbox"/> Light & Sound
<input type="checkbox"/> Podium	<input type="checkbox"/> Sound Shells	<input type="checkbox"/> Piano	<input type="checkbox"/> Risers	<input type="checkbox"/> Fans	<input type="checkbox"/> Field Lights
<input type="checkbox"/> Vent or A/C	<input type="checkbox"/> Copy Machine	<input type="checkbox"/> Coolers	<input type="checkbox"/> Freezer	<input type="checkbox"/> Tools	<input type="checkbox"/> Use of Copier
<input type="checkbox"/> Press Box	<input type="checkbox"/> Grill	<input type="checkbox"/> Other: _____			

Pursuant to Wisconsin Statutes and School Board Policy, the School District of Sheboygan Falls, the Board of Education and its employees and agents are not responsible for injuries obtained by parties using school district facilities and participating in the above requested event. The School District of Sheboygan Falls, the Board of Education and employees and agents are not responsible for supervision or participants who are minors. I do hereby, declare that participants are eligible to participate, I will provide supervision of all participants, and I assume responsibility for any injuries or damage that may occur because of the use of the school district's facilities for the above requested event. I agree to adhere to the District's Facility Use Rules and Regulations.

Send to: Sheboygan Falls High School,      Attn Lisa Bocchini      E-mail - [lbocchini@sheboyganfalls.k12.wi.us](mailto:lbocchini@sheboyganfalls.k12.wi.us)  
 220 Amherst Ave  
 Sheboygan Falls, WI 53085

Signature: \_\_\_\_\_

Date: \_\_\_\_\_