

**School District of Black River Falls**  
**Application for the Use of District Facilities or Other Property**  
**Applicants shall submit this form to the appropriate building principal for review and approval.**

School/Property Requested: \_\_\_\_\_

Room/Area Requested: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_ Estimated Number in Attendance \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Use of kitchen or equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

Use of Concessions Area? Yes \_\_\_\_\_ No \_\_\_\_\_ Middle School or Field House Concessions (Circle one or both)

Describe the intended use of the facilities or other property. \_\_\_\_\_

Will the intended use benefit students? If so, how? \_\_\_\_\_

List district equipment requested for use along with the facility or other property. \_\_\_\_\_

**TO BE COMPLETED BY BUILDING PRINCIPAL:**

Rental fee for district facilities or other property (Appendix A) \$ \_\_\_\_\_

Additional Fee for Using Facilities or other property (830-Rule I.B.2) \$ \_\_\_\_\_

(Required if over six (6) hours – Addtl \$5/hr resident or \$10/hr non-resident)

Certificate of Insurance required for activity (830-Rule I.A.1.c) Yes \_\_\_\_\_

**Actual Costs to be billed after event:**

Custodial Supervision (830-Rule I.B.2.b) (Billed for actual time) Yes \_\_\_\_\_

Event Supervision (830-Rule I.B.2.b) (Billed for actual time) Yes \_\_\_\_\_

Kitchen Supervision (830-Rule I.B.2.b.) (Billed for actual time) Yes \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Person in charge: \_\_\_\_\_ Email Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

\_\_\_\_\_  
Representative's Signature Date

\_\_\_\_\_  
Building Principal's Signature Date

\_\_\_\_\_  
Concession Advisor's Signature Date

\_\_\_\_\_  
Activities Director's Signature Date

**The above-signed representative shall be responsible for returning the facility to the original condition. Any damages or loss the district incurs will be billed accordingly.**