PLEASE CARRY WITH YOU AT ALL TIMES WHILE USING BD SCHOOL DISTRICT FACILITIES

SCHOOL DISTRICT OF BROWN DEER
8200 North 60th Street
Brown Deer, WI 53223
Phone: 414-371-6750 Fax: 414-371-6751

APPLICATION FOR USE OF SCHOOL FACILITIES

REQUESTS MUST BE RENEWED ANNUALLY Date_____

1. Name of Organization _____
2. Building/Room Requested _____
3. For what purpose do you wish to use the facilities? _____
4. Will there be an admission charge? Yes_____ No_____ Amount $_____
5. **Complete page 2 for specific Event Setup & page 3 for attendance roster.**

Complete the information chart below for date(s) and time(s) requested:

Month	Day	Year	Day of Week	From	To	Month	Day	Year	Day of Week	From	To

Note: School facilities will normally not be available for activities during vacation periods. (This includes summer break.)

6. Name of Supervisor or Group Leader (Must be over 21 years old)_____Telephone_____
7. Address_____City_____Zip_____
8. Are attendance records kept? Yes ____ No____ Approximate number in attendance? _____
9. Age of members (if under 21) from age ____to ____
10. What percent of the members are residents of Brown Deer? _____%
11. Email Address: _____

I, the undersigned, agree to follow the rules and regulations of School District of Brown Deer when using school facilities. I understand that any person involved in damaging school property and/or contents will not be allowed to attend future meetings unless reinstated per agreement with the School Board. Further, any acts of willful or malicious damage to School District of Brown Deer property will result in suspension of the right to use the school facilities by the above listed organization until reviewed by the School Board.

I, the undersigned, waive all liability on the part of the School District of Brown Deer while I am using their facilities.

Signature of person in charge_____Telephone_____
Address_____City_____Zip_____

ACTION OF SCHOOL DISTRICT

Permit granted? Yes*_____ No_____ Date_____

*Rental fee if applicable_____

Fee must be paid upon approval and made payable to the School District of Brown Deer.

*Access Fob Date given_____ Date returned_____ Initials of person in charge_____

Access fob must be returned to the Administrative Services Center within ***3 days*** of event ending.

Comments on use of facilities_____

Signature of Approving Authority_____

Revised 05/21/09

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EVENT SETUP (IF APPLICABLE)

NAME OF EVENT _____

YOUR NAME _____ **PHONE NUMBER** _____

DATE OF EVENT: _____ **DATE FOR SETUP TO BEGIN:** _____

TIME OF EVENT: _____ **TIME FOR SETUP TO BEGIN:** _____

TIME FOR TAKE DOWN TO BEGIN: _____

_____ **YES** _____ **NO** **Do you need a separate work order to take down the Event?**

AREA/BUILDING/ROOM REQUESTED: _____

EQUIPMENT NEEDED: _____

_____

_____

_____

_____

_____

_____

_____

_____

ROOM SET UP DIAGRAM

Revised 05/21/09

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FACILITY USAGE ATTENDANCE FORM

I, the undersigned, waive all liability on the part of the School District of Brown Deer while I am using their facilities.

NAME	ADDRESS*	PHONE NUMBER

*Community groups must provide a roster of participants or membership (with a minimum of 51% of the roster being Brown Deer residents) to qualify for the no charge status (Board Policy 3.02 – Use and/or Rental of School Facilities).