

SCHOOL DISTRICT OF BRUCE

REQUEST FOR SCHOOL BUILDING USE

Requested by: _____ Phone #: _____ Today's Date _____

Address: _____

Name of Organization (specific group example *Tiger Scouts*): _____

What room or rooms are you requesting: _____

Briefly describe the type of activity or program planned: _____

For what date/dates is this request being made: _____

(Please keep in mind there will not be anyone to unlock the building on days there is not school.)

Time of day or evening needed: _____

If this is an athletic event will there be spectators? _____

Will there be an admission fee? _____

Who will be in charge of the activity? _____ **Phone#** _____

Please call the District Office if you will not be using the facility on a date or dates requested and/or if there is a change in who is in charge of the activity. (715)868-2533

Building Available ____ Yes ____ No _____

Principal Signature and Date

Approved ____ Disapproved ____ _____

District Administrator Signature and Date

Reason for Disapproval: _____

Amount Charged: _____

If charges are involved, it is expected that a check will be forwarded to the district administrator's office, immediately following the event.

PLEASE RETURN FORM TO: School District of Bruce 104 W. Washington Avenue Bruce, WI 54819 (715)868-2533