

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:

Table with 12 columns: Month, Day, Year, Day of Week, From, To (repeated). A vertical line separates the first six columns from the last six columns.

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.

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

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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: _____

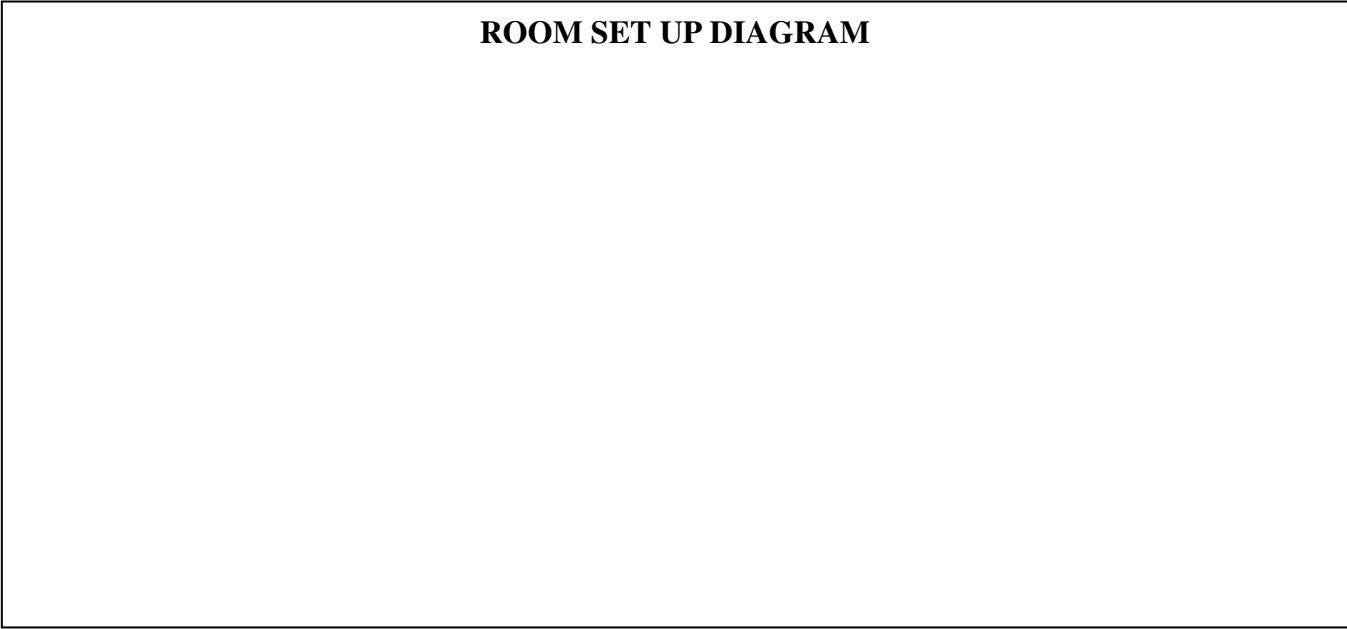
TIME FOR SETUP TO BEGIN: _____

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: _____



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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).