

FACILITY USE PERMIT

Name of Organization Requesting Use: _____
 Type of Organization, Describe: _____
 Individual Making Request: (Name) _____
 (Address) _____
 (Telephone) _____
 (E-mail Address) _____
 School Employee Responsible: (if applicable) _____
 Facility Requested: _____
 Type of Activity Planned: _____
 Approximate Number of Participants: _____
 Date of Event: _____ Starting Time: _____ Finish: _____
 Date of Event: _____ Starting Time: _____ Finish: _____

(If you are requesting more than two dates, please attach a separate list.)

Are there any members in your group certified in CPR? _____ Yes _____ No
 Are there any members in your group certified in AED? _____ Yes _____ No

Please refer to the Automatic External Defibrillator information contained on the reverse side of this form.

REQUESTER MUST READ AND SIGN

The undersigned applicant has received a copy of School Board Policy KG (Community Use of School Facilities) and its accompanying guidelines and agrees to abide by all rules and regulations adopted by the Board governing the use of school facilities and to see that the same are carried out and obeyed by others, said rules and regulations being made a part and portion hereof by reference: to indemnify and to forever save harmless the Board of Education and its officers, agents and employees from any and all claims arising out of the use of any of the school facilities of the School District of Jefferson, 206 S. Taft Avenue, Jefferson, Wisconsin.

I understand that charges for the use of school facilities and supervisory personnel may be assessed by the district according to policy and I agree to pay such charges.

SIGNATURE OF APPLICANT _____ DATE OF REQUEST _____

OFFICE USE ONLY

PRINCIPAL APPROVAL			
The applicant qualifies for free use and will not require kitchen worker, custodian or insurance coverage. Facility is available on date(s) requested.			
Principal:			
Approved:	Yes		No
Date:			

OR

Facility Available:	Yes		No	
Principal's Signature:				
DISTRICT OFFICE APPROVAL				
Rental Fee:				
Kitchen Worker:	Yes		No	
Custodian:	Yes		No	
Insurance Required:	Yes		No	
<i>Certificate of Insurance or binder must be submitted prior to approval of request.</i>				
Director of Business Services:				
Approved:	Yes		No	
Date:				
Billing Date:		Paid Date:		

DISTRIBUTION OF COPIES AFTER APPROVAL:

____Principal ____District Office ____Custodian ____Maintenance ____Kitchen ____Applicant ____Auditorium Manager