

# 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	
<b><i>Certificate of Insurance or binder must be submitted prior to approval of request.</i></b>				
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