RAYMOND SCHOOL DISTRICT

2659 S. 76th Street, Franksville, WI 53126-9540 ♦ 262.835.2929 ♦ Fax 262.835.2087

Check our website for facility availability — **www.raymondschool.com**

School Facilities Use Request

Requested facility(ies) _____

For (name of event or activity) _____ Date(s) Requested: _____

If reserving for extended period, please list day of week and beginning and ending dates: _____

Times for Event or Activity_____ Entrance to building needed by _____ (time) will vacate by _____ (time)

Admission fee will _____ will not _____ be charged Expected attendance _____

Require use of following and understand there may be a charge for such use:

_____Podium _____ Video player ____ Folding chairs (No. _____)

_____Projector _____Ticket table & chairs (No. _____) _____Folding tables (No. _____)

Additional requests or comments: _____

_____

It is understood that School District activities have preference over outside activities in use of school buildings and this request is subject to cancellation or change if the facility is needed for a school activity. If this permission is granted, we agree to be responsible for any accidents or injuries sustained by any person attending or participating in the program or activity for which we may use the above-mentioned school facilities, and to be responsible for replacement of any damage or loss incurred. ***Any breach of security (doors left open, etc.) that leads to additional expense for the school district (fines, staff overtime) will be our responsibility.*** *I have provided a current certificate of insurance. Further, in accordance to State requirements and Board policy, we agree that there shall be no use of tobacco, alcohol, or controlled substances on school property.* A Deposit of $20 is required for after hours use that requires a key fob and security password. Fobs must be returned immediately following event.

Name of Organization/Group/Person: _____

Address: _____ Phone: _____

E-Mail (for confirmation): _____

Name of Responsible Adult: _____

Signature of Responsible Adult _____

Signature indicates understanding of above stated terms

~ Office Use ~

Initial _____ *Date* _____ *Deposit rec'd* _____ *Insurance rec'd* _____

_____ _____ _____

Room(s) Reserved *Date(s)* *Time(s)*

This request has been approved _____ Approval is subject to certain additional conditions as set forth here: _____

_____

This request cannot be approved _____ because _____

_____ _____

District Administrator Signature Date