



**School Building
Requested:** _____

-

**Room/Facility(s)
Requested:** _____

-

**Person Requesting Use of
Facilities:** _____

-

Address: _____

Telephone: _____

-

**Organization
Affiliation:** _____

-

**Purpose for which facilities are being
requested:** _____

-

Date of Event: _____ **Starting Time:** _____ **Ending
Time** _____

-

Date of Event: _____ **Starting Time:** _____ **Ending**



Time _____

-

Date of Event: _____ **Starting Time:** _____ **Ending**
Time _____

Use back of page if additional dates are required)

Those requesting facility usage must read and agree to the following terms:

1. I have received a copy, read, and understand all provisions of the School District of Fort Atkinson Administrative Rule 830 (AR 830).

2. On behalf of the organization using the facilities, I am agreeing to abide by these regulations and will be responsible for the preservation of order and care of the protection of the building and equipment.

I further acknowledge that charges for any damages are my responsibility as well as the responsibility of the organization I represent.

3. I understand that charges for the use of the building and equipment will be assessed by the building principal or their designee according to policy and I agree to pay these charges as stipulated in

AR 830.

4. I stipulate that insurance provisions (*circle one:* **are**, **are not**) needed.

Signature of Applicant

Date

Responsible Party

Date

Application Determination (to be completed by building principal or designee):

Application for Facility Use (circle one) **Accepted** **Rejected**

Fee Group (circle one) **Group 1** **Group 2**

Amount to be Paid by Group:

(refer to AR830 for *Facility Use Fee Structure* and related rules,

plus applicable deposits)

Comments:

**Signature of Building
Principal/Designee**

Date