

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*

***Different applications are required to reserve the Fieldhouse/Multicultural Arts Center**

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. Will food and/or beverages be served? YES _____ NO _____

Please complete page 2 for specific Event Setup & page 3 for attendance roster.

Complete the information chart below for date(s) and time(s) requested:

Month	Day	Year	Day of Week	From	To	Month	Day	Year	Day of Week	From	To

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 students/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. Further, any acts of willful or malicious damage to School District of Brown Deer property will result in suspension of the right to use the school facilities by the above listed organization until reviewed by 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: _____

AREA/BUILDING/ROOM REQUESTED: _____

EQUIPMENT NEEDED: _____

LIGHTS ON AT: _____ LIGHTS OUT AT: _____

ENTRANCE/EXIT(S) TO BE USED: _____

DOORS OPEN AT: _____ DOORS LOCKED AT: _____

**ROOM SET UP DIAGRAM
(BUILDING MAPS AVAILABLE UPON REQUEST)**

FACILITY USAGE ATTENDANCE FORM*

By signing below and in consideration for being allowed to participate with this team, I agree to assume all risks and responsibilities related to my participation.

In case of an emergency, I will accept responsibility for the costs of any such medical treatment.

NAME	Address*	Phone Number	Date

*Priority groups 3 & 4 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 830 – Use of School Facilities).