

USE OF FACILITIES REQUEST GREENDALE PUBLIC SCHOOLS

For Office Use:

School Date Schedule #: _____

Insurance Required: YES or NO

Fee Required: YES or NO

Custodian quote needed: YES or NO

Refer this completed request with "Yes" to District Office.

GSD Staff Name: _____

ABSOLUTELY NO SMOKING OR ALCOHOL anywhere on School Property. Greendale School District Board of Education Use of Facility Policy 830-Rule and 830-Fees are on the School District WEB page www.greendale.k12.wi.us. If this request is approved you will receive a copy signed by the principal or if fees are required, an estimated fee contract from the Greendale School District Office. NOTE: See exclusion dates that may not be approved. Assignment of Room is subject to change due to availability.

The _____ request the use of the following facilities at
the _____
(Name of Organization) (Name of Greendale School)

Specific Purpose of Use / Name of Event: _____

Contact Person: _____
Print Name Street Address/City/Zip

Contact Person: _____
Day Time Phone Night Time/Cell phone E Mail Address (For email approval notification)

Dates: (Indicate on attached calendar or list dates)

Exclusion dates: _____

If use is repetitive: Day of Week: _____ Date Start: _____ Date End: _____

Set Up Time: _____ Departure Time: _____

Actual Activity Time: _____ to _____ Approximate number of people: _____

First Person in: _____ Last Person out: _____

AREA REQUESTED (Check all that apply) (Fees are required for personnel-see policy 830-Fees)

_____ MPR/LUNCHROOM	_____ FRONT HALLWAY	<p>BOOKED THROUGH GHS ATHLETIC DEPT.</p> <p>_____ GYM (Indicate location and time)</p> <p>_____ POOL (Indicate location and time)</p> <p>_____ OTHER GYM</p> <p>_____ GYM ON A/C</p> <p>_____ GYM IN _____</p> <p>_____ ATHLETIC AREA (Specify where at bottom of page)</p>
_____ GYM	_____ CP BUILDING	
_____ SPANISH ROOM/STAGE	_____ BALL FIELD	
_____ MUSIC ROOM	_____ IMC (SCHOOL USE ONLY)	
_____ KITCHEN	_____ ART ROOM (SCHOOL USE ONLY)	
_____ PLAYGROUND	_____ OTHER (Specify @ bottom of page)	

Room setup drawing:

Furniture number of:
Tables _____
Chairs _____

SPECIFICS: _____

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Organization Name: _____
 #: _____

School Dude Schedule

EQUIPMENT NEEDED (Check all that apply) (Fee may be required-see policy 830-Fees.)

_____ Microphone & Amp	_____ Trash Cans	_____ Wheel Cart
_____ Television (\$50 per event date)	_____ Recycling Cans	_____ Other Equipment (List in boxes below)
_____ DVD Player (\$30 per event date)	_____ Sound System (\$100 per event date)	
_____ Screen	_____ Extension Cord	

Will you want the custodian to check back with you throughout the activity period? _____ Yes _____ No
 If yes, at what intervals? _____

Person signing this form is responsible for assuring room is left in the condition it was found. _____ (Initial)

A \$50 "No Show" fee will be charged to all organizations when the event has not been properly cancelled
 per Use of Facility Policy 830-Rule and 830-Fees _____ (Initial)

Greendale School District Board of Education Use of Facility Policy 830-Rule and 830-Fees are available for review hard copy at the
 School Office, District Office or on the School District WEB page <http://www.greendale.k12.wi.us>.

By signing below you are confirming that you have read and agree to abide by the Greendale School District Board of Education
 Use of Facility Policy 830-Rule and 830-Fees for this and future use of facility requests. You are also indicating that proof of
 liability insurance, physical copy of the policies Additional Insured Endorsement and Hold Harmless Indemnification Agreement
 (all required for non Greendale School District groups) will be on file at the Greendale District Office.

 Signature of Authorized Organization Representative Date Day Time Phone Number

Request approved by: _____
 Building Principal Date