

**PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT
APPLICATION FOR PERMIT TO USE SCHOOL FACILITIES**

Name of Organization: _____

Activity for which facility/facilities will be used (please be specific):

Estimated attendance: _____ Admission price: _____ Will 100% of proceeds be used for a charitable purpose? _____
Please specify the charitable purpose: _____

Type of group (please check ALL that apply):

District Based Non-district Based Religious

Profit Not for profit Municipal Recreation

Adult Children (majority residing within school district) Children (majority residing outside school district)

| Facilities | | | | | | |
|------------|-------------------------|------------|----------|----------------|---|---|
| School | Facility/Room Requested | Start Date | End Date | Day(s) of Week | Time (From-To) <small>(Please indicate time you want access to the building and time you intend to leave – not just the time the activity will run.)</small> | Event Time <small>(This is the actual time your event will run if different from the time you need the building)</small> |
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The following persons agree to serve as supervisors, chaperones, and crowd control:

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Equipment Needs: (Indicate equipment you wish to use. Custodians have no authority to issue items not approved by building administrator.)

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I/We have read, understand and agree to accept responsibility for enforcing the rental conditions outlined in Board of Education Policy "7510", "Use of School Facilities" for my group. I/We agree to abide by the terms of this policy and be responsible for all costs, which may result if a permit is granted. It is further understood that the completion of this application form is not a commitment by the schools to permit use of its facilities and that a permit form must be agreed to before any final scheduling is completed. The permit, with the original application, shall become the final agreement. As well, I/We accept the terms of facility use cancellation due to school district needs, with three (3) week written notification.

Contact Name: _____
Address: _____
Email Address: _____
Daytime phone: _____ **Evening phone:** _____

Signature: _____ **Application date:** _____

| DISTRICT USE ONLY | | |
|--|-------------|-----------|
| Date received in District Office: | Group Type: | Permit #: |
| Cleared with building principal | Date: | Initials |
| Cleared with Business Manager/Superintendent | Date: | Initials |