

SCHOOL DISTRICT OF SHOREWOOD

830-Exhibit(3)

FACILITY USE REQUEST FORM

Thank you for your interest in utilizing Shorewood School District facilities. The applicant must complete this form in its entirety. Please return the form to the Shorewood Recreation and Community Services Department.

Date: _____

Sponsoring Organization/Individual: _____

Contact Person: _____ Nonprofit Organization: Yes No

Primary Phone Number: _____

Mailing Address: _____

City: _____ Zip Code: _____

Email Address: _____

1. Facilities Requested:
___ Atwater Elementary School ___ Intermediate School
___ Lake Bluff Elementary School ___ High School
Please list the specific rooms/facilities/areas you are requesting: _____

2. Day(s) Requested: M T W TH F SA SU

3. Date(s) Requested: _____

4. Usage Times:
Arrival/Leaving: _____ M to _____ M
Activity Start and Ending Time: _____ M to _____ M

5. Purpose of Use - Describe the event or activity that will be conducted in school/District facilities: _____

6. Set up and equipment requirements (describe): _____

7. Will an admission or entry fee be charged? _____ Yes _____ No

8. Would you like to provide concessions? _____ Yes _____ No

9. Eligibility Requirement(s). Describe who will be participating in this activity and any requirements that apply to their participation: _____

10. Activity Management and Supervision

a. How many people are expected to attend and/or participate in the activity? Estimated Attendance: _____

b. Will minors (age 17 or younger) be participating in the activity? Check one: _____ Yes _____ No

If "No," skip to signature of applicant and date.

c. Will the applicant provide adult supervision to minors at all times when they are on school grounds pursuant to the recreational use or facility use agreement? Check one:
_____ Yes _____ No

The District has no responsibility for the supervision of participants who are minors unless the applicant receives express written notification to the contrary from the District.

d. What will be the approximate ratio of participants who are minors to adult supervisors? # _____ minors for each adult supervisor.

Depending on the nature of the activity and the age of the minors, the District may set a minimum ratio of minors to adult supervisors.

I agree to abide by the Shorewood School District's Public Use of District Buildings and Grounds policy, guidelines and exhibits as listed on the District's website and/or received via email.

Signature of Applicant: _____ Date: _____

Please return this completed form to the
Shorewood Recreation and Community Services Department
Nora Kubacki NRangel-Kubacki@shorewood.k12.wi.us
1701 E Capitol Drive, Shorewood, WI 53211
414.963.6913 x4 Fax 414.961.3175

For District Use Only

Date Facility Use Application Received: _____

Total Estimated Fees:

Personnel Fee: _____

Facility Fee: _____

Other: _____

District Signature: _____ Date: _____

Request Approved: ___Yes ___No Date: _____

Date Recreational Use or Facility Use Agreement sent to Applicant: _____

Approved: March 12, 2013