

APPLICATION FOR USE OF SCHOOL FACILITIES/EQUIPMENT

School District of Neillsville • 614 E. 5th St. • Neillsville, WI 54456 • Ph: 715-743-3323 Ext. 0 • Fax: 715-743-8716

Profit Non Profit Personal Rec. Dept.

Name/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Email: _____

Phone #: (____)____-____ Cell #: (____)____-____ Fax #: (____)____-____

It is your responsibility to make sure that you are able to get into the areas you are using prior to the event. You should make arrangements to pick up the keys/fob from the appropriate building office during normal business hours.

Please let us know if you will need the following: Building Access/Key Fob Room Key(s) Office Initials _____

Date needed: ____/____/____

Reserve Start Time: _____ End Time: _____

Event Start Time: _____ End Time: _____

Event Description: _____

Custodian(s) Needed? Yes No
(2 hour minimum for Custodial Time)

Custodian Start Time: _____ End Time: _____

**For additional dates, please complete another request for use form.*

Facility/Equipment to be used: (check all that apply)

Athletic Fields Auditorium Balcony Commons
 Equipment Fieldhouse-North Fieldhouse-South Gyms-Elementary
 Gyms-Middle Kitchen Lunch Room Swimming Pool
 Multi Media Room (PIT) Classroom - #: _____
 Other (Specify): _____

Will any latex material be used? Yes No

The charge for each custodian needed shall be \$20.00 per hour with a two (2) hour minimum.

All areas will be checked for cleanliness after use. Failure of the organization to properly clean will result in custodial charges.

The following order shall be used in determining priority of use for applicants.

1. Any school function connected with an educational program or any school sponsored activities.
2. Adult education classes approved by the administrator and/or school board.
3. Resident organizations.
4. Non-resident organizations.

Your invoice will be mailed to you after your event is held.

Additional custodial time may be charged if needed.

The estimated cost for your request is \$ _____

Agreement of the Applicant

The rental of a building and/or room includes heat, lights, power, equipment and maintenance.

A base cost plus any additional costs for materials and/or equipment requested shall be charged for the use of any school facility unless an organization using the facility qualifies under the conditions stated below: **Circle # if applicable.**

1. Meeting of an educational nature or of civic concern, sponsored by local organizations as a program free to the public.
2. Extension classes under college sponsorship for teacher improvement.
3. Local organizations sponsoring a program or activity for the purpose of raising funds for the benefit of the school.
4. Any school activity program or Scout activity.
5. Local individual or groups sponsoring a program fee and open to the public which will benefit the general public of the district. Permission must be secured in advance from the principal or district administrator for this arrangement.

Gambling, loitering and rowdiness shall not be permitted.

Any fees will be billed at the time of use and shall be paid in a timely manner.

The school board or any employee of the School District of Neillsville shall not be held responsible or liable for any accident or misfortune that might arise in connection with any non-school program or meeting, either inside or outside the building.

Any damage/vandalism to school property shall be the responsibility of the individual or organization making the request for usage.

Liability coverages do not extend to clubs not recognized by the School District of Neillsville. Please provide a certificate of insurance for \$1,000,000.00.

I have read the above information and agree to follow regulations.

Signed: _____ Date: ____/____/____

Office Use Only:

Copies Given To: AV B/G Supervisor Board Office/Billing
 Classroom IT Fieldhouse
 Food Service Music Dept Rec Dept Requestor

Secretary Handling: _____ Date: ____/____/____

Original stays with the secretary handling form and at end of year forward original file to Board Office.

*****Please check all items that apply to this request!!**

ATHLETIC FIELDS **Base Cost \$20.00/Field**

- | | | | | | |
|---|--|---|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Baseball Field | <input type="checkbox"/> Press Box | <input type="checkbox"/> PA System | <input type="checkbox"/> Softball Field | <input type="checkbox"/> Press Box | <input type="checkbox"/> PA System |
| <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Rest Rooms | | <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Rest Rooms | |
| <input type="checkbox"/> Football/Track Field | <input type="checkbox"/> Press Box (North) | <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Practice Field | | |
| <input type="checkbox"/> Press Box (South) | | | <input type="checkbox"/> Shelter – Softball/Baseball | | |
| <input type="checkbox"/> Rest Rooms (Middle School Outside) | | | | | |
| <input type="checkbox"/> OTHER, please specify: _____ | | | | | |

AUDITORIUM **Base Cost \$30.00**

- | | | |
|--|--|--|
| <input type="checkbox"/> Auditorium Only | <input type="checkbox"/> Seating (fixed, 460 cap.) | <input type="checkbox"/> Lobby – Table(s) #: _____ Chair(s) #: _____ |
| <input type="checkbox"/> Coat Rack | <input type="checkbox"/> Podium/Lectern | <input type="checkbox"/> Follow Spotlight |
| <input type="checkbox"/> Table(s) – #: _____ | <input type="checkbox"/> Chair(s) – #: _____ | <input type="checkbox"/> Riser(s) – #: _____ |
| <input type="checkbox"/> Public Address System | | |
| <input type="checkbox"/> Microphone(s) – #: _____ Handheld | <input type="checkbox"/> Lavalier (Chest) | <input type="checkbox"/> CD/Cassette Player |
| <input type="checkbox"/> Sound/Light Board Operator – \$20.00/Hour/Operator with a two (2) hour minimum. | | |
| <input type="checkbox"/> OTHER, Please specify: _____ | | |

BALCONY – MIDDLE SCHOOL **Base Cost \$12.00**

- Balcony

CLASSROOM **Base Cost \$12.00/Room**

- | | | |
|---|---|---|
| <input type="checkbox"/> Elementary School – Room #(s): | <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Television/VCR |
| <input type="checkbox"/> Middle School – Room #(s): | <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Television/VCR |
| <input type="checkbox"/> High School – Room #(s): | <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Television/VCR |

COMMONS **Base Cost \$12.00**

- Commons

EQUIPMENT TO BE USED OFF SITE **Cost \$5.00 per day/per item up to a total of \$30.00**

- | | | |
|--|--|--|
| <input type="checkbox"/> Overhead projector | <input type="checkbox"/> Carousel projector | <input type="checkbox"/> Video projector/VCR |
| <input type="checkbox"/> Computer projector | <input type="checkbox"/> Camcorder | <input type="checkbox"/> VCR |
| <input type="checkbox"/> Table(s) – #: _____ | <input type="checkbox"/> Chair(s) – #: _____ | <input type="checkbox"/> Riser(s) – #: _____ |
| <input type="checkbox"/> Public Address System | | |
| <input type="checkbox"/> Microphone(s) – #: _____ Handheld | <input type="checkbox"/> Lavalier (Chest) | <input type="checkbox"/> CD/Cassette Player |
| <input type="checkbox"/> OTHER, please specify: _____ | | |

FIELDHOUSE – NORTH SIDE AND/OR SOUTH SIDE **Base Cost \$30.00/Side**

- | | | | |
|--|---|--|------------------------------------|
| <input type="checkbox"/> North Fieldhouse (2/3) | <input type="checkbox"/> South Fieldhouse (1/3) | <input type="checkbox"/> Coat rack | <input type="checkbox"/> Press Box |
| <input type="checkbox"/> Weight Lifting Area | <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Locker Room: ___ Boys ___ Girls | |
| <input type="checkbox"/> Seating (bleachers) | <input type="checkbox"/> Basketball backboards: | <input type="checkbox"/> Volleyball Nets | |
| <input type="checkbox"/> East side (1000 cap.) | <input type="checkbox"/> Main court | <input type="checkbox"/> Main court | |
| <input type="checkbox"/> West side (600 cap.) | <input type="checkbox"/> Large section (2 sets) | <input type="checkbox"/> Large section (2 sets) | |
| <input type="checkbox"/> South side (260 cap.) | <input type="checkbox"/> Small section (1 set) | <input type="checkbox"/> Small section (1 set) | |
| <input type="checkbox"/> Table(s) – #: _____ | <input type="checkbox"/> Chair(s) – #: _____ | <input type="checkbox"/> Riser(s) – #: _____ | |
| <input type="checkbox"/> Public Address System | | | |
| <input type="checkbox"/> Microphone(s) – #: _____ Handheld | | <input type="checkbox"/> Lavalier (Chest) | |
| <input type="checkbox"/> CD/Cassette Player | | | |
| <input type="checkbox"/> OTHER, please specify: _____ | | | |

GYMS – ELEMENTARY and/or MIDDLE SCHOOL **Base Cost \$30.00/Gym**

- | | | |
|---|--|--|
| <input type="checkbox"/> Elementary School Gym | <input type="checkbox"/> Middle School Gym - # _____ | <input type="checkbox"/> Seating (bleachers, 360 cap.) |
| <input type="checkbox"/> Coat Rack | <input type="checkbox"/> Volleyball Net | |
| <input type="checkbox"/> Table(s) – #: _____ | <input type="checkbox"/> Chair(s) – #: _____ | <input type="checkbox"/> Riser(s) – #: _____ |
| <input type="checkbox"/> OTHER, please specify: _____ | | |

KITCHEN **Base Cost \$25.00**

- | | | | |
|---|---|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Kitchen (High School) | <input type="checkbox"/> Serving Windows | <input type="checkbox"/> Stoves | <input type="checkbox"/> Coffeemaker |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Cooks – \$20.00/Hour/Cook with two (2) hour minimum. | | |
| <input type="checkbox"/> OTHER, please specify: _____ | | | |

LUNCH ROOM **Base Cost \$12.00**

- | | | | |
|-------------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Lunch Room | <input type="checkbox"/> Coat Rack | <input type="checkbox"/> Tables Moved Out | <input type="checkbox"/> Chairs Moved Out |
|-------------------------------------|------------------------------------|---|---|

MULTI MEDIA ROOM (PIT) **Base Cost \$12.00**

- | | | |
|--|---|--|
| <input type="checkbox"/> Multi Media Room | <input type="checkbox"/> Seating (130 free standing) | <input type="checkbox"/> Podium/Lectern |
| <input type="checkbox"/> Overhead projector | <input type="checkbox"/> Carousel projector | <input type="checkbox"/> Video projector/VCR |
| <input type="checkbox"/> Computer projector | <input type="checkbox"/> Bulletin/Chalk Board/Divider | <input type="checkbox"/> Coat Rack |
| <input type="checkbox"/> Table(s) – #: _____ | <input type="checkbox"/> Chair(s) – #: _____ | <input type="checkbox"/> Riser(s) – #: _____ |
| <input type="checkbox"/> Public Address System | | |
| <input type="checkbox"/> Microphone(s) – #: _____ Handheld | | <input type="checkbox"/> Lavalier (Chest) |
| <input type="checkbox"/> CD/Cassette Player | | |
| <input type="checkbox"/> OTHER, please specify: _____ | | |

SWIMMING POOL **Base Cost \$30.00**

- | | |
|--|--|
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Lifeguard(s) – Invoiced thru Rec. Dept with two (2) hour minimum. |
|--|--|