

(For Business Office Use)

Permits to:

- o Contact
- o Maintenance/Building Secretary

**SCHOOL DISTRICT OF WHITEFISH BAY**

1200 EAST FAIRMOUNT AVENUE

WHITEFISH BAY, WI 53217

Today's Date:

**The undersigned requests the use of:**

Name of School:

Part of Building to be Used:

Facility to be used for (Activity or Program):

Day and Date or Term of Use:

Hours of Use – Arrival Time:

Departure Time:

**\*\*\*Please include any time needed for setup or breakdown of event**

**Set-up Needs**

Coat Rack:

Tables/Chairs:

Podium/Microphone:

Other:

A/V Equipment (Not Available for all Events):

Any non-school group must provide a Certificate of Insurance listing The School District of Whitefish Bay as an additional insured, with limits of \$500,000 per occurrence and \$1,000,000 aggregate. The undersigned organization agrees to be liable to the School District for any injury done to any property and for any expense incurred by, at, or in consequence of such use of the facilities. The undersigned further agrees to abide by the Rules and Regulations of the District Board, Article VI, Use of School Buildings.

Organization Name

Address, City, State, Zip

Organization Contact Name

Phone

Email

Alternate Phone

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Signature of Organization Contact