



RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street ≈ Spring Green, Wisconsin 53588 ≈ Phone: 608-588-2551

830-Exhibit

FACILITIES USE REQUEST FORM

NOTE: Read "Facilities Use Regulations" on the back of this form before completing this form.

* Name of Individual/Group: _____

Name of Group Representative: _____

Address: _____

Telephone Number: _____

* Facility Requested: _____

Date(s) of Usage: _____

Time of Usage (note a.m. or p.m.): _____

Purpose of Usage: _____

Equipment to Be Used or Rented: _____

* Will an admission fee be charged? YES NO

* Do you need keys/security code for gaining entrance to the building? YES NO

Will concessions and/or merchandise be sold? YES NO

Comments: _____

I hereby agree that I understand the following:

Liability Insurance - The school district does not provide insurance for this use. I/We must provide insurance to insure that I am/we are protected against liability.

Damage Reimbursement - I/We must reimburse the school for any damage to equipment, chairs, furniture, building, etc. The reimbursement shall be determined by the River Valley School Board. Depending on the extent of damages, there is the potential denial of future use.

Prohibition of Alcohol/Tobacco - Use of tobacco, alcohol, electronic smoking devices, or any controlled substance is prohibited in all school facilities, school vehicles, and all school premises.

Clean-Up - I/We must clean up the facilities used or I/we may be charged for clean-up. Clean-up includes checking restrooms for cleanliness or misuse, turning off lights and heat, and securing/locking building. Additionally, all materials brought into the building must be removed at the conclusion of use.

Fees - I/We must pay all fees prior to the use of the facility.

Signature of Individual or Group Representative

Date

TO BE COMPLETED BY BUILDING PRINCIPAL/ADMINISTRATIVE BUILDING COORDINATOR:

Approved Denied * Rental Fee: \$ _____
(All fees are to be paid prior to the use of the facility. See Fee Schedule on back.)

Comments: _____

Signature of Building Principal/Administrative Building Coordinator

Date

Copies of this form to be sent by Building Principal/Administrative Building Coordinator to:

1. Individual or Group Requesting Use of School Facilities
2. District Administrator
3. Athletic Director (if facility requested is an athletic facility)

CROSS REF: Policy #832 – Tobacco and Electronic Smoking Devices Possession and/or Use on School Premises
Policy #835 - Alcoholic Beverage Possession and/or Use on School Premises

REVISED: March 12, 1998
APPROVED: March 26, 1998
REVISED: June 8, 2000
APPROVED: July 13, 2000
APPROVED: October 21, 2004
REVISED: November 18, 2010
APPROVED: December 9, 2010
REVISED: December 8, 2016
APPROVED: January 12, 2017
REVISED: April 20, 2017
APPROVED: May 11, 2017
REVISED: May 10, 2018
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