

# REQUEST USE FOR AN ATHLETIC EVENT FACILITY

SHEBOYGAN FALLS SCHOOL DISTRICT

TO HELP PROCESS THIS FORM PLEASE COMPLETE ALL AREAS AND SUBMIT TWO WEEKS PRIOR TO EVENT

## CONTACT INFORMATION

\* Today's date: \_\_\_\_\_  
 \* Name of Group/Organization: \_\_\_\_\_  
 \* Contact Person/s: \_\_\_\_\_  
 \* Street Address: \_\_\_\_\_  
 \* City, State Zip: \_\_\_\_\_  
 \* E-Mail Address: \_\_\_\_\_ Best Phone number to be reached \_\_\_\_\_

## FACILITY REQUEST INFORMATION

BUILDING/S BEING REQUESTED  
 High School       Middle School       Elementary School  
 REQUEST CATEGORY  
 School Sport       Rec Department       Other: \_\_\_\_\_  
 TAX EXEMPT STATUS  
 Profit       Non Profit Tax Exempt # \_\_\_\_\_

All Group/Organizations must provide a Certificate of Insurance if not already on file

## AREA/S BEING REQUESTED

High School	Middle School	Elementary School	Miscellaneous
<input type="checkbox"/> HS Gym	<input type="checkbox"/> Gym Lobby	<input type="checkbox"/> MS Gym	<input type="checkbox"/> Ropes Course
<input type="checkbox"/> Diamond A V SB Game	<input type="checkbox"/> North FB	<input type="checkbox"/> Gym Lobby	<input type="checkbox"/> Press Box - Football
<input type="checkbox"/> Diamond B JV & V BB Game	<input type="checkbox"/> South FB / Flag	<input type="checkbox"/> MS Cafeteria	<input type="checkbox"/> Press Box - Baseball
<input type="checkbox"/> Diamond C JV SB practice/game	<input type="checkbox"/> Frosh FB / Flag	<input type="checkbox"/> Other _____	<input type="checkbox"/> Concession Stand Outside
<input type="checkbox"/> Diamond D Extra Diamond	<input type="checkbox"/> JV V FB Practice		<input type="checkbox"/> Parking Lot
<input type="checkbox"/> HS Cafeteria	<input type="checkbox"/> V FB Game Field		<input type="checkbox"/> Aquatic Center
<input type="checkbox"/> Wrestling room	<input type="checkbox"/> Track		
<input type="checkbox"/> Weight room	<input type="checkbox"/> Concession Stand		
<input type="checkbox"/> Dance Room		<input type="checkbox"/> U-8 - we do not line this field	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____		<input type="checkbox"/> U-10 / U12 - we do not line this field	
		<input type="checkbox"/> U-12 - we do not line this field	
		<input type="checkbox"/> ES Diamond 1	
		<input type="checkbox"/> ES Diamond 2	
		<input type="checkbox"/> ES Diamond 3	
		<input type="checkbox"/> Other _____	

## PURPOSE OF EVENT

Fundraiser       Tournament - Charging Admission  
 Open Gym       Other \_\_\_\_\_

## Participant Eligibility Requirements

**Participants in an organized youth athletic activity must receive concussion and head injury information. It is each coaches responsibility to provide and collect any necessary documentation**

## DATE/S BEING REQUESTED

Request Start Date: \_\_\_\_\_ Request End Date: \_\_\_\_\_  
 Days of the week: \_\_\_\_\_  
 Ongoing Days: (Example- First Tuesday of the Month) \_\_\_\_\_ WED / SUN FACILITIES NOT AVAILABLE AFTER 5:30 FOR REC, ETC W/O SCHOOL BOARD APPROVAL  
 Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
 Total Number of Days you are requesting: \_\_\_\_\_ CUSTODIAN NEEDED - CLEAN-UP\*\*\* Yes / No HOURS - \_\_\_\_\_  
 Exclude the following dates: \_\_\_\_\_ CUSTODIAN NEEDED - DOORS OPENED\*\* Yes / No \_\_\_\_\_  
 Approximate # of People: \_\_\_\_\_ % Residents of SFSD \_\_\_\_\_ DOORS YOU WANT OPENED \_\_\_\_\_

**\*\* Please be aware there is a \$60.00 fee per usage of the facilities opened on the weekends.**

**\*\*\* There is a fee for custodial clean-up**

## EQUIPMENT REQUESTS

Press Box       Grill       Coolers       Freezer       Field Lights       Fan  
 Basketball Hoops       VB Hoops       Scoreboard Control       Tables       Chairs

Pursuant to Wisconsin Statutes and School Board Policy, the School District of Sheboygan Falls, the Board of Education and its employees and agents are not responsible for injuries obtained by parties using school district facilities and participating in the above requested event. The School District of Sheboygan Falls, the Board of Education and employees and agents are not responsible for supervision or participants who are minors. I do hereby, declare that participants are eligible to participate, I will provide supervision of all participants, and I assume responsibility for any injuries or damage that may occur because of the use of the school district's facilities for the above requested event. I agree to adhere to the District's Facility Use Rules and Regulations.

Send to: Sheboygan Falls High School,      Attn Lisa Bocchini      E-mail - lbocchini@sheboyganfalls.k12.wi.us  
 220 Amherst Ave  
 Sheboygan Falls, WI 53085

Signature: \_\_\_\_\_

Date: \_\_\_\_\_