

# Elmwood School District

213 S. Scott St.  
Elmwood, WI 54740  
(715)639-2711

## Facility Use Permit

Group making request \_\_\_\_\_ Contact person \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Facility requested \_\_\_\_\_ Equipment requested \_\_\_\_\_

Times requested: Day of Week \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Do you need set up time? \_\_\_\_\_

Describe activity to be conducted \_\_\_\_\_  
\_\_\_\_\_

Approximately how many people will be participating? \_\_\_\_\_

Approved by (A.D.) \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

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**Kitchen must be cleaned and sanitized, including sweeping and scrubbing floors. Make sure you leave things as you found them. NO students allowed in kitchen without supervision.**

Thanks, Food Service Dept.

To be signed by person accepting responsibility for this group:

I, the undersigned applicant, understand and agree to the conditions of this permit. I am fully apprised of the school board policy governing the use of school facilities and am willing to comply with requirements of that policy. In addition, I understand and willfully accept all liabilities for the use of school facilities. *I also understand that charges for custodial services will reflect time actually used which may be in excess of the amount listed on this permit.*

Signature \_\_\_\_\_ Date \_\_\_\_\_