FACILITY USE PERMIT

School District of Laona
5216 Forest Avenue, Ste. A
Laona WI 54541

Complete this form and return it to the Business Office. A copy of this form will be returned to you when all arrangements have been made. If applicable, you will be invoiced for facility usage shortly after the event.

Organization: _____ Application Date: _____

Responsible Person:_____ Telephone: _____

Address: _____

Event/Purpose: _____

Anticipated Number of Participants:_____

Facility Request (Identify Building & Rooms):_____

Event Date(s):_____

Arrival & Departure Times:_____
(Include set up and clean up time in your estimate)

***Student activities require chaperone/supervision ratio agreed upon ahead of time by the activity group and the building principal. Supervision must be provided until everything has been picked up.

I HAVE RECEIVED AND AGREE TO ABIDE BY THE SCHOOL DISTRICT'S FACILITY USE POLICY

_____
(Signature)

Classification of Facility Use:

School Activity ( )
Community Activity ( )
Other Sanctioned Activity ( )

Special Arrangements and/or Rental Fees:_____

_____

Principal Approval:_____ Date:_____

Administrator Approval:_____Date:_____