

School District of Black River Falls
Application for the Use of District Facilities or Other Property
Applicants shall submit this form to the appropriate building principal for review and approval.

School/Property Requested: Red Creek

Room/Area Requested: Cafeteria/Community Education Room

Date(s) Requested: 4/18/26 & 4/25/26 Estimated Number in Attendance 60

Start Time: 10 am End Time: 2 pm Use of kitchen or equipment? Yes No X

Use of Concessions Area? Yes No X Middle School or Field House Concessions (Circle one or both)

Describe the intended use of the facilities or other property. Babysitting Clinic for Jackson County

Will the intended use benefit students? If so, how? Yes, teaching babysitting skills to grade 6 and up

List district equipment requested for use along with the facility or other property. table, screen, projector

TO BE COMPLETED BY BUILDING PRINCIPAL:

Rental fee for district facilities or other property (Appendix A) \$

Additional Fee for Using Facilities or other property (830-Rule I.B.2) \$

(Required if over six (6) hours - Addtl \$5/hr resident or \$10/hr non-resident)

Certificate of Insurance required for activity (830-Rule I.A.1.c) Yes

Actual Costs to be billed after event:

Custodial Supervision (830-Rule I.B.2.b) (Billed for actual time) Yes

Event Supervision (830-Rule I.B.2.b) (Billed for actual time) Yes

Kitchen Supervision (830-Rule I.B.2.b.) (Billed for actual time) Yes

Name of Organization: SDBRF Community Education

Person in charge: Sara Brown Email Address: sara.brown@brf.org

Billing Address: 410 County Hwy A, BRF, WI 54615

Contact Phone #: 414-313-0095

Representative's Signature: Sara Brown Date: 2/23/26 Building Principal's Signature: [Signature] Date: 2/24/26

Concession Advisor's Signature: [Signature] Date: Activities Director's Signature: [Signature] Date: 2/24/26

The above-signed representative shall be responsible for returning the facility to the original condition. Any damages or loss the district incurs will be billed accordingly.