



SCHOOL DISTRICT OF KETTLE MORAINÉ  
 349 N OAK CREST DRIVE  
 WALES WI 53183  
 (262) 968-6273 EXT. 4252 FAX (262) 968-6217  
 www.kmsd.edu



**APPLICATION FOR USE OF FACILITIES**

This form must be completed in its entirety and submitted to the mailing address of Community Education. An authorized copy will be returned to the requesting party. **A \$15.00 processing fee, per trimester, must accompany this application made payable to Community Education.** Any rental, or personnel fees will be assigned in accordance with established Board of Education policy and are due within 10 days upon receipt of statement.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

1. Date of Application: \_\_\_\_\_
2. Name of organization requesting facility: \_\_\_\_\_
3. Name of person requesting facility: \_\_\_\_\_
4. Event or purpose: \_\_\_\_\_
5. Dates requested: \_\_\_\_\_
6. Time of day requested (be sure to include proper set up and clean up time)  
 From \_\_\_\_\_ To \_\_\_\_\_
7. Name of building and location within the building: \_\_\_\_\_
8. Special equipment needed: \_\_\_\_\_
9. Number to be accommodated: **Must be completed** Adult \_\_\_\_\_ Youth \_\_\_\_\_
10. Other special instructions: \_\_\_\_\_
11. Rental Fee: \_\_\_\_\_  
(Will be assigned in accordance with established Board of Education Policy)
12. **Each application must identify one individual, age 21 or older, to serve as the responsible party for this facility use agreement. The responsible person identified herein agrees:**
  - a. **users may be assessed a non-use fee for any scheduled use which is not canceled at least 48 hours in advance.**
  - b. to be held accountable for the facility,
  - c. to assume liability for any costs incurred by the School District of Kettle Moraine for maintenance or repairs resulting from the improper or negligent use of said facility,
  - d. that under no circumstances shall users identified in this application use facilities not specifically requested and authorized,
  - e. the use of the requested facility shall be limited to the dates and areas requested and approved,
  - f. the School district of Kettle Moraine and its agents shall not be held responsible for accidents, injuries, or the theft of personal property incurred by parties using district facilities,
  - g. to provide a Certificate of Insurance when requested by the district.

I certify I have the authority to sign this application and bind the organization identified above to the terms and conditions set forth herein.

13. **Signature of responsible person:** \_\_\_\_\_ **Date:** \_\_\_\_\_
14. Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ E-mail address: \_\_\_\_\_