

# Pecatonica School Facilities Use Request Form

Elementary: PO BOX 128, Hollandale, WI 53544/Fax: 608-967-1172/email: [gmcneill@pecatonica.k12.wi.us](mailto:gmcneill@pecatonica.k12.wi.us)  
 Secondary: PO Box 117, Blanchardville, WI 53516/Fax: 608-523-4286/email: [mflannery@pecatonica.k12.wi.us](mailto:mflannery@pecatonica.k12.wi.us)  
 (to be completed at least 10 working days before date of use)

<b>Event:</b>						
<b>Event Dates:</b>						
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday

- Student events should not be scheduled to conclude later than 7:00 pm.

<b>Facility Requested:</b>	<input type="checkbox"/> <b>HS/MS Location</b>	<input type="checkbox"/> <b>Elementary Location</b>
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- |   |   |   |
|---|---|---|
| <input type="checkbox"/> HS Main Gym    | <input type="checkbox"/> Boy's Locker Room  | <input type="checkbox"/> Kitchen              |
| <input type="checkbox"/> Auxiliary Gym  | <input type="checkbox"/> Girl's Locker room | <input type="checkbox"/> HS Commons           |
| <input type="checkbox"/> Elementary Gym | <input type="checkbox"/> Library            | <input type="checkbox"/> Elementary Cafeteria |

**Classrooms/Other:**

Number of Participants:		Concessions to be sold:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you require custodial services during your event :	<input type="checkbox"/> Yes	# of Hours:	<input type="checkbox"/> No	

- Your organization will be billed actual costs for this service. Any event with 100 + participants and concessions will need to hire custodial services. School sponsored organizations are exempt from custodial fees.)

Arrival Time :		Doors Unlocked:		Departure Time :		Doors Locked:	
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(Include set-up and clean-up time in your estimate)

<b>Please select the entry doors to be opened for your event:</b>
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- |   |  |
|---|--|
| <input type="checkbox"/> HS/MS Main Entrance                  | <input type="checkbox"/> HS/MS South Entrance              |
| <input type="checkbox"/> HS/MS Lower Front Entrance (Kitchen) | <input type="checkbox"/> HS/MS Lower Back Entrance (Gym)   |
| <input type="checkbox"/> Elementary Main Entrance             | <input type="checkbox"/> Elem South Entrance (Bus)         |
| <input type="checkbox"/> Elem Northeast Entrance (Art)        | <input type="checkbox"/> Elem North Central Entrance (Gym) |
| <input type="checkbox"/> Elem Northwest Entrance (Garden)     | <input type="checkbox"/> Elem West Entrance (Playground)   |

<b><u>Equipment Needs/Comments:</u></b>	
(The District will provide access but not set up unless specific arrangements are made for extended custodial services):	

Organization:		Requestor:	
Address:		City, State Zip:	
Email:		Phone Number:	

- Attach any promotional materials that will be sent home to Pecatonica Students that are related to the event listed on this facilities use form.
- Organizations need to file a certificate of insurance with the District Office annually.

Signature:	Date:
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If you are requesting keys, please fill out the form on the back of this page. Sponsors are responsible for picking up needed keys from the district office. Sponsors of all-day major events should meet with school personnel at least five days before the event to assure adequate preparation.

For Office Use Only			
<b>Approval Route:</b>		<b>Date Request Received:</b>	
Athletic Director:	Date:	Custodial Services(\$12-\$18/HR):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Principal's Office:	Date:	Custodian Assigned:	
Maintenance:	Date:	Keys Approved for Issue:	<input type="checkbox"/> Yes <input type="checkbox"/> No
District Office:	Date:	Fee Assessment	<input type="checkbox"/> N/A

<input type="checkbox"/> Requestor <input type="checkbox"/> Bldg Secretary <input type="checkbox"/> Room	<b><u>Custodian:</u></b> <input type="checkbox"/> DS <input type="checkbox"/> CM <input type="checkbox"/> LA <input type="checkbox"/> MM <input type="checkbox"/> BH <input type="checkbox"/> LE
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## Pecatonica Area Schools Access Card and Key Holder Agreement

Name: \_\_\_\_\_

Event/Activity: \_\_\_\_\_

In an effort to promote safety and security in all Pecatonica Area School District buildings, all request for Access Cards/Keys must be approved by Administration.

All entry/doorways are locked at all times in our school buildings. Access to the district buildings will be closely monitored by school administration.

Access card/keyholders assume responsibility for facility security when they use school facilities at times when the facility is not otherwise open. Card/Keyholder responsibility for facility security includes:

- a) Monitoring the entrance door when it is open.
- b) Supervising the conduct of all individuals allowed access to the facilities.
- c) Inspecting all accessible portions of the building after the group's usage.
- d) Locking all applicable doors prior to exiting the building.
- e) Reporting any damage to the building to the principal, district administrator, or police department.
- f) Reporting the presence of any strangers or intruders in the building to the principal, district administrator, or police department.

### ACCESS CARD/KEY RECEIPT AGREEMENT

I understand that the access card/keys issued are the property of the Pecatonica School District and are not to be duplicated in any form.

I will not share my Access Card/keys with other persons. Any unauthorized use of the access card/keys will be subject to termination of privileges.

I agree that it is my responsibility to promptly report any loss or theft of the access card/keys, and that the access card/keys are to be returned when my need for them no longer exists, or upon request.

I understand that loss of one or more of these keys will result in a \$50.00 assessment if replacement keys are issued. Also, the cost of re-keying locks will be the responsibility of the keyholder if it is proven that he or she inappropriately loaned or duplicated the keys.

I further understand that I will be charged a deposit of \$10.00 which will be returned when the access card has been returned.

Signing below signifies that I understand and agree to the above terms.

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

### *For Office Use Only:*

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

Issued By: \_\_\_\_\_

Access Card Number: \_\_\_\_\_

Keys Issued: \_\_\_\_\_

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

Received By: \_\_\_\_\_