

# Hartford Union High School Facility Use Form

805 Cedar Street  
Hartford, WI 50327  
Telephone (262) 670-3200 Fax (262) 673-8943

Group: \_\_\_\_\_  
Person in Charge: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

See Attached Calendar of Dates:   
Date(s) Requested: \_\_\_\_\_  
Time Requested: Start: \_\_\_\_\_  AM  PM  
End: \_\_\_\_\_  AM  PM  
Actual Time of Event: \_\_\_\_\_  AM  PM  
Describe Activity: \_\_\_\_\_

**Please complete the following:**

- Is your activity a HUHS sponsored club, sport, or function?  
 Yes  No
- Would you like your event put on the school event calendar?  
 Yes  No
- Will this activity be open to the public or only your group?  
 Group  Public
- Number of people expected to attend: \_\_\_\_\_
- Will the participants or attendance be:  
 Adults  Adults/Students  Students only
- Will a participation fee be required?  Yes  No
- Will admission be charged?  Yes  No  
Adults \$ \_\_\_\_\_ Students \$ \_\_\_\_\_ Children \$ \_\_\_\_\_
- Do you have a Tax Exempt Number?  Yes  No  
Tax Exempt Number: \_\_\_\_\_
- Can you provide liability insurance?  Yes  No
- Identify the type of supervision your group will provide:  
\_\_\_\_\_

**Facility Requested:**

- Commons East (Off of Front Lobby)
- Commons West (Drama Lecture Area)
- Community Kitchenette
- Cafeteria  Cafeteria Kitchen (Fee May Be Charged)
- Classroom(s) \_\_\_\_\_  
\_\_\_\_\_ Regular  
\_\_\_\_\_ Specialized  
\_\_\_\_\_ w/ Shop Equipment
- Drama Lecture/Stage (Microphone Checked Out Through Library Circulation Desk)
- Small Gym w/ Stage
- Large Gym/Field House
- Front Lobby Area
- Locker Room How Many Needed (1-4)? \_\_\_\_\_
- Library/Media Center
- Pool  ADA Lift Needed
- Weight Room  Wellness Center
- Athletic Field Outside \_\_\_\_\_
- Other (Specify): \_\_\_\_\_

**Equipment Requested and Number Needed:**

**\*\*AV Materials Must Be Checked Out Through Library Circulation Desk\*\***

- Tables: Double Wide \_\_\_\_\_ 2 x 4 \_\_\_\_\_
- Chairs: \_\_\_\_\_
- Podium  Screen
- Microphone (Gyms and Cafeteria Only)
- Will provide map or details of events**

I certify that I have received, read, and understand the Hartford Union High School's policy of the use of school facilities. If permission is granted for the use of the facilities, our organization will abide by the rules and regulations as stated in the policy.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

It is agreed that the party or organization listed above shall have the use of the school facilities/equipment listed above for the purpose mentioned on the dates and at the time specified in this request for the following costs:

Rental Fee: \$ \_\_\_\_\_ Custodial Fee: \$ \_\_\_\_\_ Kitchen Staff Fee: \$ \_\_\_\_\_

\_\_\_\_\_  
Director of Co-Curricular

\_\_\_\_\_  
Date

- Co-Curricular Office
- Business Office
- Suprv. Of Building & Grounds
- Suprv. Of School Nutrition
- PE Department
- Library/Media Center
- Other