



**Wauwatosa School District**  
Application for Use of District Facilities

**Recreation Department**  
11324 W Center St  
Wauwatosa WI 53222  
414-773-2900  
414-773-2920 (FAX)  
scheduler@wauwatosa.k12.wi.us

Name of Organization: \_\_\_\_\_

Address (Street, City, Zip): \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of School Requested: \_\_\_\_\_

Facility Requested (gym, classroom, cafeteria, etc.): \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

Purpose for Use: \_\_\_\_\_

Number of people expected to participate: \_\_\_\_\_ Admission Charge: \$ \_\_\_\_\_

Purpose for which proceeds are to be used: \_\_\_\_\_

Names of adults who will supervise your event: \_\_\_\_\_

***Applicants are required to submit a Certificate of Insurance, naming the Wauwatosa School District (12121 W North Ave, 53226) as an additional insured, in the amount of \$1 million worth of liability coverage. If a group/individual does not have the backing of a large organization, proof of homeowner's liability insurance in the amount of \$300,000 will be required.***

The undersigned applicant agrees to abide by all rules and regulations adopted by the School Board governing the use of facilities and see that the same are carried out and obeyed by others, said rules and regulations being made a part and portion hereof by reference; to assume responsibility for any damage done to the facilities or equipment during the period of rental, including preparation and cleaning up; to indemnify and to forever save harmless the School Board and its officers, agents and employees from any and all claims of whatsoever kind, nature, or description arising out of the use of any of the school facilities of said School District, pursuant to the foregoing application or any modification thereof.

All applications are subject to review by the Superintendent of Schools and/or the School Board and general requirements of the agreement may be added to or deleted from as deemed necessary by the School Board.

My signature below indicates that I have read and am willing to comply with the facility rules and regulations and any specific restriction, directions or modifications which may be noted below as a condition for use.

Signature of Responsible Party: \_\_\_\_\_

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

Return application to address listed above.

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For Administrative Use

Accepted by: \_\_\_\_\_  
Director of Recreation or Facility Scheduler

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