

GENERAL MITCHELL ELEMENTARY SCHOOL  
10125 W MONTANA AVE  
WEST ALLIS, WI 53227  
414-604-4500

## **FACILITY USAGE REQUEST FORM**

You will be contacted if this request has a conflict or is denied.

Date of Request	
Name	
Address	
Home Phone	
Cell Phone	
Work Phone	
Fax Number	
Email Address	
Name of Organization	
Type of Activity	
Individual In Charge	
Facility Requesting	
Room(s) Requesting	
Date(s) Requesting	
Total Time	From: _____ To: _____ The time you indicate must include all your set-up and clean-up time. Room(s) will be reserved based on the time requested
Number of Adults	
Number of Students	
Equipment Needed	
Special Set-Up	

On the date(s) and time(s) I have been given a permit, I agree to:

- Clean up any mess that has been created.
- Use only our supplies and equipment.
- Keep the group participants and other small children in the designated room.

\_\_\_\_\_  
Signature of Permit Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date