

**HO-CHUNK NATION
SIGA FUNMAKER COMMUNITY CENTER
FACILITY USAGE APPLICATION**

APPLICATION DATE	
Name	
Address	
Phone # (REQUIRED)	
Date of Activity	
Time Frame of Activity	Start Time: _____ End Time: _____
Type of Activity	
Briefly State Reason for Activity	
Rooms Requested	<input type="checkbox"/> Cafeteria <input type="checkbox"/> Kitchen <input type="checkbox"/> Gymnasium <input type="checkbox"/> Restrooms <input type="checkbox"/> Conf. Room 1 <input type="checkbox"/> Conf. Room 2 <input type="checkbox"/> Other (PLEASE SPECIFY)
Special Equipment or Space Needed (Need 24 HR. Notice)	

I the undersigned, formally apply for approval of the above referenced activity within the Siga Funmaker Community Center of the Ho-Chunk Nation. I maintain that the information provided on the application is accurate and true. Further, I have read the "Facility Usage Policies and Procedures" and I agree to comply with its tenants. See attached Memo (Maintenance) in regard to cleaning the kitchen (if memo is not followed your privileges for the kitchen will be suspended). If cancellation – Notification must be made at least 24 hours before scheduled usage – Failure to report cancellation will result in suspension of usage privileges.

Signature of Applicant **Date**

<input type="radio"/> Request Approved – Signature:	Date:
<input type="radio"/> Request Denied – Signature:	Date:
Reason for Denial:	

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