



Application for Use of Facility

430 Julie Street Tomah, WI 54660

Information about Event:

Type of Event: _____

Date(s) Requested: _____

Event Set-up Time: _____ Start Time: _____ End Time: _____

Breakdown Time: _____

Location(s) Requested (check one):

Gymnasium

Cafeteria

Event Type (check one):

Youth/Education Related

Sports Related

Fitness/ Activity Related

Business Related

Community Event

Other _____

Total Expected Head Count _____

Age Group of Participants _____

Responsible Individual and must be present at event:

Name: _____

Address: _____

City

State

Zip Code

Cell No: _____

Work No: _____ ext. _____

Requestor Signature _____ Date _____