

## Request for Facility Usage

Thank you for your interest in our facilities. Please completely fill out this form and return to:

**West Allis-West Milwaukee Recreation Department**

**2930 S Root River Parkway, West Allis, WI 53227**

**Attn: Shelly Strasser**

Phone: 414-604-4900 Fax: 414-546-5958 Email: stram@wawm.k12.wi.us

This request does not secure usage. Your request will be reviewed and you will be contacted as to whether or not we will grant a permit.

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

Notes: