

Fairgrounds Equipment Usage Form

Organization _____
 Date(s) of Equipment Usage _____ to _____

	Equipment Needed		Pickup or needs to be Delivered		Explanation:
	Yes	No	Pickup	Delivered	
Bleachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Canopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chairs/Benches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concrete Blocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fencing & Posts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Garbage Cans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recycle Bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Picnic Tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other, list item	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Signature _____ Title _____ Date _____

Please attach to Fairgrounds Usage Agreement, if applicable.

OFFICE USE ONLY

Approved:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	(Indicate Reason)
Approved by:	_____			Date:	_____
Post Use Condition:	<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Unacceptable	_____
				Inspected By	Date
Comments:					

Copies to: Fairgrounds Requesting Person

Return Form to:
 UWEX - Rusk County
 311 Miner Avenue E, Suite S140
 Ladysmith, WI 54848