

Facility Key Card Deposit

1-Requesting a Key for Facility Use		For		
		(Name)	(Sport)	
2-Requestor Phone Number				
3-This event is: <u>Rec. Department NO</u> (Check One)			rtment	
Key Card Distributed(Date)		by who_		
			(LMASD/Rec Staff)	
Deposit Type: CAS	SH/Check #	_		
		<u>Returning</u>	Key	
Kev Card Returned	1	To who		
.,	(Date)		(LMASD/Rec Staff Signature)	
I received my deposit of \$25 back on				
		(Date)		
Requestor				
	(Signature	e)		

**Please complete lines 1, 2 and 3 of this form. Return the form along with a \$25 deposit to Rebecca Crenshaw or Stephen Cosidine at the Lake Mills High School. Deposits will be held and checks will only be cashed if cards are lost, stolen or not returned once the season you are requesting use of the facilities has ended. Deposits will be refunded immediately upon the return of the Key Card.