## REQUEST FOR RENTAL/USE OF FACILITIES APPLICATION

NAME OF REQUESTING ORGANIZATION  HIGH SCHOOL  AREA OF THE FACILITY		
Sherift NEALE   RYAN MORRIS PERSON SUPERVISING ACTIVITY	DATE(S) REQU TIME: 8Am (Please specify A	ESTED -5pm
THE REQUEST AREA(S) OF THE FACILITY WILL  RAPID DEPLOMENT SCHOOL SHOOTER TO  Is the organization planning to conduct sales on school posterior school EQUIPMENT TO BE USED:  APPROXIMATE #OF PERSONS:  15-20	BE USED FOR THE FOIR ALVING Choose an item	LLOWING ACTIVITIES:
I request waiver of the rental fee. Please X if applica	ble	
I request waiver of the charge for custodian. Please	X if applicable	
Fee Schedule The organization agrees to pay the applicable fee(s) for	the use of District facilitie	s
Facility/Equipment Fee \$ Insurance Cost \$ Total C	Personnel Cost \$	_
I have read the Rules and Regulations for Community U requesting organization to assume personal responsibility		
SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION	Address PHONE Home	Cell (859) 393- 752&
DATE 5-19-204 In the event school is closed due to weather conditions, meetings, will be cancelled and opportunity to reschedu AREA BELOW FOR		
Click here to enter text.	Click here to enter text.	
MARTHA SEBRING for Café Requests Requests	JON JONES/LINDA ED	MONDSON for Gym
Click here to enter text. KEITH HOWARD for Auditorium Requests	Click here to enter text. PRINCIPAL	
Type signature here SUPERINTENDENT	BOARD CHAIR	DATE