**REQUEST FOR RENTAL/USE OF FACILITIES APPLICATION**

**Cutting Out Alzheimer’s**

NAME OF REQUESTING ORGANIZATION

**High School Cafeteria**

AREA OF THE FACILITY

**Mary Beth Herndon/Lora Mae Sullivan** **Friday, September 23rd and Saturday, September 24th**

PERSON SUPERVISING ACTIVITY DATE(S) REQUESTED

TIME: **4:00 – 9:00 Friday and 7am – 9pm Saturday**

 (Please specify AM or PM )

THE REQUEST AREA(S) OF THE FACILITY WILL BE USED FOR THE FOLLOWING ACTIVITIES:

**This is a scrapbooking fundraiser event to help the organization Cutting Out Alzheimer’s raise money to further Alzheimer’s research**

Is the organization planning to conduct sales on school premises?YES

SCHOOL EQUIPMENT TO BE USED: **Tables and Chairs**

APPROXIMATE #OF PERSONS: **approx. 200**

[x]  I request waiver of the rental fee. Please X if applicable

[ ]  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 facilities

Facility/Equipment Fee $**Click here to enter text.** Personnel Cost $ **Click here to enter text.**

Insurance Cost $**Click here to enter text.** Total Cost $**Click here to enter text.**

I have read the Rules and Regulations for Community Use of School Facilities and agree on behalf of the requesting organization to assume personal responsibility for the proper use of the above named areas of the facility.

**Mary Beth Herndon/Lora Mae Sullivan** **511 Heritage Drive Sparta, KY 41086**

SIGNATURE OF PERSON MAKING Address

REQUEST ON BEHALF OF THE PHONE

ORGANIZATION Home **859-643-2218** Cell **859-866-1258**

DATE **July 27, 2011**

*In the event school is closed due to weather conditions, all scheduled activities, with the exception of dinner meetings, will be cancelled and opportunity to reschedule or refund rental fee(s) will be made.*

**AREA BELOW FOR OFFICIAL USE ONLY**

**Martha Sebring** **Click here to enter text.**

MARTHA SEBRING for Café Requests JON JONES/LINDA EDMONDSON for Gym Requests

**Click here to enter text.** **Roxann Booth**

KEITH HOWARD for Auditorium Requests PRINCIPAL

**Type signature here** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

SUPERINTENDENT BOARD CHAIR DATE