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

**Gallatin County 4-H Drama Club**

NAME OF REQUESTING ORGANIZATION

**High School Auditorium**

AREA OF THE FACILITY

**Lora Beth Sadler and Lora Stewart** **Sep 12 – Sep 30 (ex Mons) and Sat Oct 1**

PERSON SUPERVISING ACTIVITY DATE(S) REQUESTED

TIME: **3-5pm wkdays & 1-7pm on Sat Oct 1**

(Please specify AM or PM )

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

**The drama club would like to practice our play starting Sep 12 weekdays for 3 weeks in theHigh School Auditorium from 3 to 5 pm each day. Mondays are not available in the auditorium, so we would like to use a classroom if possible on Mondays. We would like to do a performance on Saturday Oct 1, starting at 4pm, but will need to arrive early for set up around 1 pm, and leave by 7 pm. This will be a free event for the public, but we will take donations at the door to benefit Blessings in a Backpack.**

Is the organization planning to conduct sales on school premises?NO

SCHOOL EQUIPMENT TO BE USED: **microphones**

APPROXIMATE #OF PERSONS: **100**

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.

**Lora Beth Sadler** **2250 Vera Cruz Lane Sparta, KY 41086**

SIGNATURE OF PERSON MAKING Address

REQUEST ON BEHALF OF THE PHONE

ORGANIZATION Home **643-5972** Cell **640-8699**

DATE **8-23-2011**

*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**

**Click here to enter text.** **Click here to enter text.**

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

**Keith Howard** **Roxann Booth**

KEITH HOWARD for Auditorium Requests PRINCIPAL

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

SUPERINTENDENT BOARD CHAIR DATE