

GALLATIN COUNTY BOARD OF EDUCATION
600 MAIN STREET, P. O. BOX 147
WARSAW, KY 41095
Phone (859) 567-2828, Fax (859) 567-4528

REQUEST FOR RENTAL/USE OF FACILITIES APPLICATION

Three Rivers District Health Department
NAME OF REQUESTING ORGANIZATION

Dianne M. Coleman
PERSON WHO WILL BE PRESENT AND
SUPERVISING THE ACTIVITY

Parking lot and paved roads around each
school building for a 5K WALK/RUN for the
community. Restrooms inside of the High School
Lobby
AREA OF THE FACILITY

April 21, 2012
DATE(S) THE FACILITY IS REQUIRED
FROM 7 (a.m.) p.m. TO 11 (a.m.) p.m.
(Please circle a.m. or p.m.)

IF THIS IS A CONTINUING REQUEST, INDICATE THE DURATION BELOW:

Beginning: and continuing through:

THE REQUEST AREA(S) OF THE FACILITY WILL BE USED FOR THE FOLLOWING ACTIVITIES:
We will be offering to the community the opportunity to walk or run in a 5K.
The course will consist of the paved roads throughout the school campus. Participants will
park at the high school. We would like to have access to the restrooms only in the high school.

SCHOOL EQUIPMENT TO BE USED:

APPROXIMATE # OF PERSONS: We had 30 participants in the 2011 race and 15 staff
and volunteers.

☒ I request waiver of the rental fee.
☒ I request waiver of the charge for custodian.

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.

Dianne M. Coleman
SIGNATURE OF PERSON MAKING
REQUEST ON BEHALF OF THE
ORGANIZATION

12-12-11
DATE

102 West Pearl St.
Address Warsaw, Ky 41095
859-567-6102 Home 859-567-2844 Work
TELEPHONE

AREA BELOW FOR OFFICIAL USE ONLY

BOARD CHAIRMAN _____ DATE _____

Booth, Betsy Wright
PRINCIPAL'S SIGNATURE _____ DATE _____

APPROVED

DISAPPROVED

SUPERINTENDENT'S SIGNATURE _____ DATE _____

APPROVED

DISAPPROVED

STIPULATIONS: _____

RETURN TO THE OFFICE OF THE SUPERINTENDENT, ADDRESS ABOVE