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

**Gallatin County FFA Chapter**

NAME OF REQUESTING ORGANIZATION

**Middle School Cafeteria**

AREA OF THE FACILITY

**Katie Brown** **April 19th, 2012**

PERSON SUPERVISING ACTIVITY DATE(S) REQUESTED

 TIME: **4pm-8pm**

 (Please specify AM or PM )

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

**I am requesting the use of theMiddle School Cafeteria for the Northern Kentucky Regional Banquet. This Banquet will draw students from chapters across northern Kentucky. They will come here to be recognized in their accomplishments from throughout the year. We request the use of the Cafeteria for the dinner to be catered and served.**

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

SCHOOL EQUIPMENT TO BE USED: **tables**

APPROXIMATE #OF PERSONS: **200**

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

[x]  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 $**.** Personnel Cost $ **.**

Insurance Cost $**.** Total Cost $**.**

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.

Click here to enter text. **70 Wildcat Cirlce**

SIGNATURE OF PERSON MAKING Address

REQUEST ON BEHALF OF THE PHONE

ORGANIZATION Home **8593931956** Cell **Same as home**

DATE **2/27/2012**

*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

Click here to enter text. **Curt Bieger**

KEITH HOWARD for Auditorium Requests PRINCIPAL

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

SUPERINTENDENT BOARD CHAIR DATE