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

**Family Resource Center**

NAME OF REQUESTING ORGANIZATION

**Lower Elementary Cafeteria**

AREA OF THE FACILITY

**Katia Zuniga and Conte Flowers** **9/4, 9/11,9/18,9/25,10/2,10/16**

PERSON SUPERVISING ACTIVITY DATE(S) REQUESTED

 TIME: **6:00 – 7:30**

 (Please specify AM or PM )

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

**Adult Education and Parenting Workshop**

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

SCHOOL EQUIPMENT TO BE USED: **none**

APPROXIMATE #OF PERSONS: **40**

[ ]  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.

**Conte Flowers** **50 Paw Print Path, Warsaw, KY 41095**

SIGNATURE OF PERSON MAKING Address

REQUEST ON BEHALF OF THE PHONE

ORGANIZATION Home **(859)957-9544** Cell **(859)912-2341**

DATE **8/1/12**

*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.** **Joe Wright**

KEITH HOWARD for Auditorium Requests PRINCIPAL

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SUPERINTENDENT BOARD CHAIR DATE