REQUEST FOR RENTAL/USE OF FACILITIES APPLICATION

HOPE for Gallatin County NAME OF REQUESTING ORGANIZATION High School Parking Lot AREA OF THE FACILITY	
Lesa Bullard/City of Warsaw Police PERSON SUPERVISING ACTIVITY	September 18, 2012 DATE(S) REQUESTED TIME: 9am-1pm. (Please specify AM or PM)
THE REQUEST AREA(S) OF THE FACILIT Feed the Children Distribution Is the organization planning to conduct sales on NONE. APPROXIMATE #OF PERSONS: 100	
I request waiver of the rental fee. Pleas I request waiver of the charge for custo	
•	ne applicable fee(s) for the use of District facilities
Facility/Equipment Fee \$Click here to enter tex to enter text. Total Cost \$Click here to enter tex	tt. Personnel Cost \$ Click here to enter text. Insurance Cost \$ Click here t.
I have read the Rules and Regulations for Com	munity Use of School Facilities and agree on behalf of the requesting
facility. Bulland	859-567-5691
DATE 8-3-2012	Cell text. for the proper use of the above named areas of the
In the event school is closed due to weather meetings, will be cancelled and opportunity to AREA BELOW FOR OFFICIAL USE ONI	er conditions, all scheduled activities, with the exception of dinno reschedule or refund rental fee(s) will be made. LY
Click here to enter text. MARTHA SEBRING for Café Requests JON	Click here to enter text. JONES/LINDA EDMONDSON for Gym Requests
Click here to enter text.	Click here to enter text.

Type signature here SUPERINTENDENT BOARD CHAIR DATE

Click here to enter text.

KEITH HOWARD for Auditorium Requests PRINCIPAL