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

**Gallatin County FFA Chapter**

NAME OF REQUESTING ORGANIZATION

**Auditorium**

AREA OF THE FACILITY

**Katie Howell and Heather Hill** **October 16th, 2012**

PERSON SUPERVISING ACTIVITY DATE(S) REQUESTED

 TIME: **6pm-8:30 pm**

 (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 the Auditorium for the FFA Chapter Degree and Greenhand Degree Ceremony. This activity will draw students, parents and friends. This is a high honor for students in the FFA and not a casual event. We will have the ceremony in the auditorium and have the cake and punch set up in the entrance to the auditorium**

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

SCHOOL EQUIPMENT TO BE USED: **Stage, lighting. projector**

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 **8/30/2012**

*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

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

KEITH HOWARD for Auditorium Requests PRINCIPAL

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

SUPERINTENDENT BOARD CHAIR DATE