

## REQUEST FOR RENTAL/USE OF FACILITIES APPLICATION

Girl Scouts

NAME OF REQUESTING ORGANIZATION

MS Cafe

AREA OF THE FACILITY

Click here to enter text.

PERSON SUPERVISING ACTIVITY

First and third Monday beginning October 23, 2012

DATE(S) REQUESTED TIME: 3-4:40 pm (Please specify AM or PM ) 3-20-

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

Meeting

Is the organization planning to conduct sales on school premises? Choose an item. SCHOOL EQUIPMENT TO BE USED: Click here to enter text. APPROXIMATE #OF PERSONS: Click here to enter text.

- ☒ 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 .

Maria Ward

Maria Ward, 859-462-5859

School Employee

*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.

MARTHA SEBRING for Café Requests

Click here to enter text.

JON JONES/LINDA EDMONDSON for Gym Requests

Click here to enter text.

KEITH HOWARD for Auditorium Requests

Click here to enter text.

PRINCIPAL

\_\_\_\_\_  
SUPERINTENDENT

\_\_\_\_\_  
BOARD CHAIR

\_\_\_\_\_  
DATE