

REQUEST FOR RENTAL/USE OF FACILITIES APPLICATION

Gallatin Co relay for life/ American Cancer Society (for the springtime of hope pageant)

NAME OF REQUESTING ORGANIZATION

Auditorium and lobby (High School)

AREA OF THE FACILITY

Yolanda Gould-relay chair

PERSON WHO WILL BE PRESENT AND
SUPERVISING THE ACTIVITY

set up on night of may 10 after 6 and event on may 12th see below for time

DATE(S) THE FACILITY IS REQUIRED

FROM 7 A.M. P.M. TO 6 A.M. P.M.

PLEASE CIRCLE A.M. OR P.M.

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

The facility would be used to host the 4th annual Springtime of Hope Pageant-to raise money for the American Cancer Society-this is the 4th year that the facilities has been used for this very successful event! There will be the pageant in the auditorium, vendors to raise money in the lobby. There is no changes from what we have done from year to year.

Is the organization planning to conduct sales on school premises-yes see above vendors will be donating to the acs. I will make sure that all regulations are followed locally.

SCHOOL EQUIPMENT TO BE USED:

Usually I coordinate with Mr Howard for the sound equipment needs-we will need approx 10 tables and some chairs-I usually coordinate with the maintenance/custodial staff for those.

APPROXIMATE #OF PERSONS: approx 200-300

* I request waiver of the rental fee

* I request waiver of the charge for custodian. (usually Brandon beall is more than willing to donate his time to help us)

Fee Schedule

The organization agrees to pay the applicable fee(s) for the use of District facilities

| | # of Employees Required | # of Hours | Hourly Rate (Overtime at 1.5 times) | Total |
|-------------------|-------------------------|------------|-------------------------------------|-------|
| Custodians | | | | |
| Food Service Empl | | | | |
| Other | | | | |

Facility/Equipment Fee \$ _____
Insurance Cost \$ _____

Personnel 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.

Yolanda J. Gould
SIGNATURE OF PERSON MAKING
REQUEST ON BEHALF OF THE
ORGANIZATION

PO Box 107
Address
Warsaw Ky 41095

11/27/2012
DATE

Home 859-904-0201
TELEPHONE

Work 859-445-2491 cell
7502-732-9065 work

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

MARTHA SEBRING for Caf  Requests

DATE

JON JONES/LINDA EDMONDSON for Gym Requests

DATE

KEITH HOWARD for Auditorium Requests (High School)

DATE

PRINCIPAL

DATE

SUPERINTENDENT

DATE

APPROVED

APPROVED

DISAPPROVED

DISAPPROVED

BOARD CHAIRPERSON

Board Meeting Date