

GALLATIN COUNTY BOARD OF EDUCATION
600 MAIN STREET, P. O. BOX 147
WARSAW, KY 41095
Phone (859) 567-2828, Fax (859) 567-4528

REQUEST FOR RENTAL/USE OF FACILITIES APPLICATION

Gallatin Co 4-H Drama Club
NAME OF REQUESTING ORGANIZATION

Lora Beth Sadler
PERSON WHO WILL BE PRESENT AND
SUPERVISING THE ACTIVITY

High School Auditorium
AREA OF THE FACILITY

* Feb 5-7 - 3:5pm afterschool
April 15th - 26th (3-5pm)

DATE(S) THE FACILITY IS REQUIRED
FROM _____ a.m., p.m. TO _____ a.m., p.m.
(Please circle a.m. or p.m.)

Saturday
April 27
3:00-7:00pm
performance at
5:00pm

* every Tues & Thurs till 4/27

IF THIS IS A CONTINUING REQUEST, INDICATE THE DURATION BELOW:

Beginning: _____ and continuing through: _____

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

April 15-26 will be to practice play * April 27 will
be the day of the performance.

SCHOOL EQUIPMENT TO BE USED:

N/A

APPROXIMATE # OF PERSONS: 25 students / 2 adults ≈ 100 for day of performance

☒ I request waiver of the rental fee.
☐ I request waiver of the charge for custodian.

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.

Lora Beth Sadler
SIGNATURE OF PERSON MAKING
REQUEST ON BEHALF OF THE
ORGANIZATION

lbsadler@fnbcarrollton.com
Address

1-4-13
DATE

Home _____ Work 859-640-8699 cell
TELEPHONE

AREA BELOW FOR OFFICIAL USE ONLY

BOARD CHAIRMAN _____ DATE _____

PRINCIPAL'S SIGNATURE _____ DATE _____ SUPERINTENDENT'S SIGNATURE _____ DATE _____
APPROVED _____ APPROVED _____
DISAPPROVED _____ DISAPPROVED _____

STIPULATIONS: _____

RETURN TO THE OFFICE OF THE SUPERINTENDENT, ADDRESS ABOVE