

REQUEST FOR RENTAL/USE OF FACILITIES APPLICATION

Gallatin County FRC

NAME OF REQUESTING ORGANIZATION

Upper Elementary Classrooms and Middle School Gym

AREA OF THE FACILITY

Conte Flowers/ Kerry Tackett

PERSON SUPERVISING ACTIVITY

June 3-7

DATE(S) REQUESTED

TIME: 8:00 am -12:00 pm

(Please specify AM or PM)

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

FRC Summer Program - Around the World in Five Days

Is the organization planning to conduct sales on school premises? Choose an item.

SCHOOL EQUIPMENT TO BE USED: Gym equipment (We ask one of our P.E. teachers to help us)

APPROXIMATE #OF PERSONS: Approximately 50 students

☐ 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 of the facility.

Conte Flowers

SIGNATURE OF PERSON MAKING
REQUEST ON BEHALF OF THE
ORGANIZATION

50 Paw Print Path

Address

PHONE

Home (859)567-4900 Cell (859)912-2341

DATE 2/12/13

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
Requests

Click here to enter text.

JON JONES/LINDA EDMONDSON for Gym

Click here to enter text.

KEITH HOWARD for Auditorium Requests

Click here to enter text.

PRINCIPAL

Type signature here

SUPERINTENDENT

BOARD CHAIR

DATE