## REQUEST FOR RENTAL/USE OF FACILITIES APPLICATION

Upper Elementary School Music

SUPERINTENDENT

NAME OF REQUESTING ORGANIZATION High School Auditorium AREA OF THE FACILITY		
Sara Bibee PERSON SUPERVISING ACTIVITY	Tuesday, Ma DATE(S) RI TIME: 6-8P (Please spec	EQUESTED
THE REQUEST AREA(S) OF THE FACILITY WILL Upper Elementary Talent Show  Is the organization planning to conduct sales on school pschool EQUIPMENT TO BE USED: Stage Audio and APPROXIMATE #OF PERSONS:  30 students, plus	oremises?Choose an i	
☐ I request waiver of the rental fee. Please X if applica	ble	
☐ 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 organization agrees to pay the applicable fee(s) for the organization agrees to pay the applicable fee(s) for the organization agrees to pay the applicable fee(s) for the organization agrees to pay the applicable fee(s) for the organization agrees to pay the applicable fee(s) for the organization agrees to pay the applicable fee(s) for the organization agrees to pay the applicable fee(s) for the organization agrees to pay the applicable fee(s) for the organization agrees to pay the applicable fee(s) for the organization agrees to pay the applicable fee(s) for the organization agrees to pay the applicable fee(s) for the organization agrees to pay the applicable fee(s) for the organization agrees to pay the applicable fee(s) for the organization agrees to pay the applicable fee(s) for the organization agrees to pay the applicable fee(s) for the organization agrees to pay the applicable fee(s) for the organization agrees to pay the organization agree fee(s) for the organization agree fee(s) for the organization agree fee(s) fee(	the use of District faci	lities
Facility/Equipment Fee \$Click here to enter text.  Insurance Cost \$Click here to enter text.	Personnel Cost \$ Click her	######################################
I have read the Rules and Regulations for Community U requesting organization to assume personal responsibility facility.		
Click here to enter text.  Click here to enter text.  SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION	Click here to enter Address PHONE Home enter text.	text.  Cell (859) 620-1002
DATE Feb 5, 2013 In the event school is closed due to weather conditions, a meetings, will be cancelled and opportunity to reschedul AREA BELOW FOR C	le or refund rental fee	(s) will be made.
Clickhere to enter text.  MARTHA SEBRING for Café Requests Requests  Click Out to a content text.	Click here to enter text.  JON JONES/LINDA EDMONDSON for Gym  Acknowled Booth  Booth  Booth	
KEITH HOWARD for Auditorium Requests	PRINCIPAL	
Type signature here		

BOARD CHAIR

DATE