

SCHOOL FACILITIES

05.31 AP.21

Request for Rental/Use of Facilities Application

Gallatin County Relay for Life
NAME OF REQUESTING ORGANIZATION
Yolanda Gould

Auditorium HS/ and the Lobby area
AREA OF THE FACILITY

5/ 9/2014 7am-5pm (at latest)
possible set up night before from 6-8

PERSON WHO WILL BE PRESENT AND
SUPERVISING

DATE(S) THE FACILITY IS REQUESTED
FROM ☐ A.M., P.M. TO ☐ A.M., P.M.

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

We will be hosting the 6th annual Springtime of Hope Pageant to benefit the Gallatin County Relay for Life for the school. We will also have a few vendors in the lobby that are donating portion of proceeds to the program. We have raised over 30,000 for this program in 5 yrs through this event. The janitors especially Brandon Beall have always been willing to help us for this event

Is the organization planning to conduct sales on school premises? yes, there will be vendors selling goods, and we will have drawings for donated goods.

APPROXIMATE #OF PERSONS: approximately 100-150



I request waiver of the rental fee.



I request wavier of the charge for custodian.

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	1			
School Nutrition Employees				
Other				

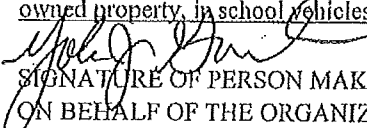
Facility/Equipment Fee \$

Personnel Cost \$

Insurance 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 and acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of this organization or the activity. I understand that tobacco use is prohibited 24 hours a day, 7 days a week on school owned property, in school vehicles and buildings as established in policy 05.31


SIGNATURE OF PERSON MAKING REQUEST
ON BEHALF OF THE ORGANIZATION

PO Box 107 Warsaw KY 41095

Address

1/6/2015

Home 859-445-2491

Work 502-732-9065

DATE

TELEPHONE

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 Café Requests

Date

Jon Jones/Linda Edmondson for Gym Requests

Date

1/8/15

Keith Howard for Auditorium Requests (High School)

Date

Principal

Date

Superintendent

Date

☒ Approved

☐ Not Approved

☐ Approved

☐ Not Approved