

Request for Rental/Use of Facilities Application

Yolanda Gould and Family Resource Center  
NAME OF REQUESTING ORGANIZATION

Auditorium HS/ and the Lobby area  
AREA OF THE FACILITY

Yolanda Gould, Kerry Tackett, Possibly Conte Flowers

2/14/2015 8am-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 3<sup>rd</sup> annual Community Sweethearts Pageant to benefit the Backpack Program (food distribution) 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 3,000 for this program in 2 yrs through this event and much food donations for the program as well

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 waiver 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 \$  
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 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

*Yolanda Gould*  
SIGNATURE OF PERSON MAKING REQUEST  
ON BEHALF OF THE ORGANIZATION

PO Box 107 Warsaw KY 41095  
Address

1/6/2015  
DATE

Home 859-445-2491  
TELEPHONE

Work 502-732-9065

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

☐ Not Approved

☐ Approved

☐ Not Approved