Request for Rental/Use of Facilities Application

Family Resource Center NAME OF REQUESTING ORGANIZATION Conte Flowers and Kerry Tackett			Upper Elementary Classrooms - 1 st Flr. AREA OF THE FACILITY June 1-5, 2015, Gym - 9:00-10:00, Cafeteria-10:00-10:20, Upper Elementary 10:20-12:00			
	S) OF THE FACILITY WILL F	BE USED FOR	THE FOLI	LOWING ACTIVITIES:		
Family Resource Cen						
Is the organization plan	nning to conduct sales on sch	ool premises?	No			
Fee Schedule	st waiver of the rental fee. st wavier of the charge for custo o pay the applicable fee(s) for the	ne use of Distri				
	# of Employees Required	# of Hours	Hourly Ra	ate (Overtime at 1.5 times)	Total	
Custodians						
School Nutrition Employees						
Other					<u> </u>	
Facility/Equipment Fee \$ Insurance Cost \$	Personnel Cost \$ Total Cost					
organization to assume packnowledge that approvorganization or the activity	Regulations for Community Uspersonal responsibility for the all of this request does not sign ty. I understand that tobacco use vehicles and buildings as estables.	proper use of nify District sp se is prohibite	the above consorship, d 24 hours	named areas of the facilitiendorsement or approval	ity and of this	
Conte Flowers			50 Paw Print Path, Warsaw			
SIGNATURE OF PERSON MAKING REQUEST			Address			
ON BEHALF OF THE O	RGANIZATION					
2/11/15 DATE	Home (859)912-23 4 TELEPHONE	41	Work(8	859)567-4900		
	losed due to weather condition d and opportunity to reschedule	or refund rent	al fee(s) wil		dinner	
Marka Salvina	AREA BELOW FOR	OFFICIAL U	SE ONLY			
Martha Sebring for Café I	Requests		Date			
Jon Jones/Linda Edmondson for Gym Requests			Date			
Keith Howard for Auditor	ium Requests (High School)		Date			
Principal	Date	Superinte	ndent	Da	ate	
<u> </u>	Not Approved		pproved	☐Not Approved		