

**Application and Agreement for Use of District Property**

***NOTE:*** Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board attorney. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned.

Name of Sponsoring Organization/Activity	1987 Class Reunion			Telephone	(502) 316-0168
Representative's Name	Kathy L. Combs or Tonya Gross Raines				
Address	1616 Rocky Top Path Sadieville, KY 40370				
The above organization/individual requests the use of:					
<input type="checkbox"/> auditorium	<input type="checkbox"/> gymnasium	<input checked="" type="checkbox"/> dining room/kitchen	<input type="checkbox"/> stadium		
<input type="checkbox"/> classroom(s)	<input type="checkbox"/> other, specify _____				
Is the organization planning to use District-owned equipment?			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, specify equipment _____			Operator's Name _____		
Is the organization planning to conduct sales on school premises?			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, give a complete description of what is being sold and how the proceeds will be used. _____					
Building/school/facility <u>Breathitt High School</u>					
Purpose <u>Class Reunion</u>					
Date(s) requested <u>Sat, Sept. 2, 2017</u>			Time(s) Requested <u>2pm - 4pm</u>		
Will public be admitted?			<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will advertisement(s) be used?			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will admission be charged?			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	

**When using school facilities, this organization agrees to observe the following:**

1. To schedule with the building Principal the time(s) District property is to be used. It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
2. To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization. To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of \$1,000,000 for bodily injury and \$10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
3. To provide appropriate equipment for the use of District property. When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
4. To abide by the requirements of Board policies 05.3 and 05.31 (see attached). Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.
5. To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.



**Application and Agreement for Use of District Property****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				
Food Service Employees				
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility/Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
Gymnasium at _____ school				
Auditorium at _____ school				
Cafeteria - <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ school				
Classroom(s) Number _____ at _____ school				
Stadium at _____ school				
Other Property at _____ school				

Donna Rain  
Signature - Representative of User Group

Cheryl R. C. D.  
Signature - Superintendent/designee

8-9-17  
Date

\_\_\_\_\_  
Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(S) WILL BE MADE.

For Office Use Only - To be Completed by School Official	
Cost for use of District property \$ _____	Cost for school employee \$ _____ Total cost \$ _____
Deposit \$ _____	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Deposit Received _____	Balance Due \$ _____
Board employee(s) assigned: _____	
Board Action Date, if applicable _____	Board Order # _____

Review/Revised:7/26/11

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THE DISTRICT

The organization agrees to pay the applicable fee for the use of District facilities.

Category	# of Employees Required	# of Hours	Hourly Rate (Overhead at 1.5 times)	Amount
Classroom				
Food Service				
Employee				
Utilities				
TOTAL PERSONNEL CHARGE				

Project / Event	Facility	Personnel Cost (if applicable)	Insurance Cost (if applicable)	Other Charges
Assembly	school			
Rehearsal	school			
Classroom (Number)	school			
Storage	school			
Other Property	school			

Signature - Representative of User Group

Date

Signature - District Representative

Date

IF THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES WITH THE EXCEPTION OF DINER ALTERNATE WILL BE CANCELED AND OPERATIONS WILL BE RESCHEDULED FOR SUBSEQUENT DATES WHICH WILL BE MADE

For Office Use Only - To be Completed by School Official

Cost for use of District property: \$ \_\_\_\_\_

Cost for school employee: \$ \_\_\_\_\_

Insurance: \$ \_\_\_\_\_

Is deposit refundable? ☐ Yes ☐ No

Date deposit received: \_\_\_\_\_

Amount due: \$ \_\_\_\_\_

Amount assigned: \_\_\_\_\_

Amount due: \$ \_\_\_\_\_

## Special Events Application

### Event Holder

Event Holder's Name: Kathy L. Combs, Class of 1987  
Holder's Address: 166 Rocky Top Path Sadieville, Ky 40370  
Holder's Phone Number: 502-316-0168

### Event Named Insureds & Joint Sponsors

Additional Named Insureds:

Joint Sponsors:

### Event Information

Event Title: Class Reunion of 1987  
Event Location: BHS cafe  
Event Age Groups: 48  
Event Description: Class Reunion  
Liquor Liability needed?: NO  
Fireworks? NO  
Carnival Rides? NO

### Event Bands

Name of Band: N/A  
Type of Music: N/A

### Event Dates

Date: Sat., Sept. 2<sup>nd</sup>  
Start Time: 2pm  
End Time: 4pm  
Attendance (Per Day): 60-100