

**Request for Rental/Use of Facilities Application**

Click here to enter text.

NAME OF REQUESTING ORGANIZATION

Gallatin County Youth Sports Association

PERSON WHO WILL BE PRESENT AND SUPERVISING

Adam Perry

Click here to enter text.

AREA OF THE FACILITY

GYM

DATES THE FACILITY IS NEEDED

TIME 11/18, 11/19, 11/25,

11/26, 12/2, 12/3, 12/9, 12/16, 12/17, 1/6, 1/7, 1/13, 1/14, 1/20, 1/21, 1/27, 1/28 12-6pm each day

FACILITY WILL BE USED FOR THE FOLLOWING ACTIVITIES Recreational Basketball

IS THE ORGANIZATION PLANNING TO CONDUCT SALES ON SCHOOL PREMISES? ☐ yes ☒ no

APPROXIMATE NUMBER OF PERSONS:

☐ 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	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
School Nutrition Employees	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Other	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

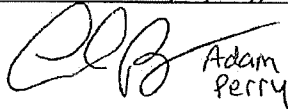
Facility/Equipment Fee \$ Click here to enter text.

Personnel Cost \$Click here to enter text.

Insurance Cost \$Click here to enter text.

Total Cost \$Click here to enter text.

*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 GCYSA


ADDRESS PO Box 144 Warsaw, KY 41095

DATE 11/11/2017

PHONE NUMBER 502-750-1762

*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 fees will be made*

**AREA BELOW FOR OFFICIAL USE ONLY**

Martha Sebring for Café Requests Click here to enter text.

Date Click here to enter text.

Don Allnutt/Linda Edmondson for Gym Requests Click here to enter text.

Date Click here to enter text.

Scott Reed/Leah Webster for Auditorium Requests Click here to enter text.

Date Click here to enter text.

Media Specialist for Media Center Click here to enter text.

Date Click here to enter text.

Principal Click here to enter text.

Date Click here to enter text.

Superintendent 

Board Chairperson \_\_\_\_\_ Date \_\_\_\_\_

☐ Approved ☐ Not Approved