

Request for Rental/Use of Facilities Application

Gallatin County Relay For Life/Springtime of Hope Pageant

Click here to enter text. NAME OF REQUESTING ORGANIZATION

AREA OF THE FACILITY

Yolanda Gould

The auditorium and Lobby of HS

PERSON WHO WILL BE PRESENT AND SUPERVISING

DATES THE FACILITY IS NEEDED

TIME APRIL 27<sup>th</sup> 5:00pm-9:00pm for set up and April 28<sup>th</sup> 7:00 am-6:00 pm for event

FACILITY WILL BE USED FOR THE FOLLOWING ACTIVITIES This will be the 9<sup>th</sup> annual Pageant to raise money for the American Cancer Society/Relay for Life. We will do all of the cleanup and I always consult with Leah Webster regarding equipment in auditorium. Usually Brandon Beall will unlock and lock up for us.

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

APPROXIMATE NUMBER OF PERSONS: 100-150

☒ I request waiver of the rental fee☒ I request waiver of the charge for custodianFee 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

Yolanda Gould

DATE 1/4/2018

PHONE NUMBER 859-445-2491

ADDRESS PO Box 107 Warsaw KY 41095

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