

Request for Rental/Use of Facilities Application

Gallatin County 4-H

NAME OF REQUESTING ORGANIZATION

Lora Stewart and Katie Burlew

PERSON WHO WILL BE PRESENT AND SUPERVISING

5<sup>th</sup> grade classrooms and cafeteria

AREA OF THE FACILITY

April 21, 2018

DATES THE FACILITY IS NEEDED

TIME 7:00 am- noon

FACILITY WILL BE USED FOR THE FOLLOWING ACTIVITIES District 3 Communications for speech and demonstration contest for our district. The winners from each county compete at the district level and then the winners from that go on to compete at the state level.

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

APPROXIMATE NUMBER OF PERSONS: 100

☒ 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	Katie Burlew (5 <sup>th</sup> grade teacher) will be volunteering her time to help this organization with supervision and clean up of the facility.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Facility/Equipment Fee \$ 0 Personnel Cost \$0  
Insurance Cost \$0 Total Cost \$0

*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 Lora Stewart ADDRESS PO Box 805 Warsaw, KY 41095

ON BEHALF OF THE ORGANIZATION Gallatin County 4-H

DATE 11-29-17 PHONE NUMBER 859-567-5481

*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 Shonda Dunn

Date 1/8/18

Superintendent \_\_\_\_\_

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

☐ Approved ☐ Not Approved