

Request for Rental/Use of Facilities ApplicationGallatin Community Church
NAME OF REQUESTING ORGANIZATIONSteven Coomer
PERSON WHO WILL BE PRESENT ANDHigh School Auditorium
AREA OF THE FACILITYApril 21st 2018
DATE(S) THE FACILITY IS REQUESTED
FROM 9 A.M. P.M. TO 11 A.M., P.M.
PLEASE CIRCLE A.M. OR P.M.

THE REQUEST AREA(S) OF THE FACILITY WILL BE USED FOR THE FOLLOWING ACTIVITIES:

Music ConcertIs the organization planning to conduct sales on school premises? yes

SCHOOL EQUIPMENT TO BE USE

APPROXIMATE #OF PERSONS: 230-300

- ☒ I request waiver of the rental fee.
☐ I request wavier 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				
School Nutrition Employees				
Other				

Facility/Equipment Fee \$ _____

Personnel Cost \$ _____

Insurance Cost \$ _____

Total Cost _____

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.

Steven Coomer
 SIGNATURE OF PERSON MAKING REQUEST
 ON BEHALF OF THE ORGANIZATION

PO Box 230 318 Center Ave
 Address
Warsaw Ky 41095
1-9-18
 DATE

 Home 859-630-9035 Work JAME
 TELEPHONE

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 fee(s) will be made.

AREA BELOW FOR OFFICIAL USE ONLY

Martha Sebring for Café Requests

Date _____

Jon Jones/Linda Edmondson for Gym Requests

Date _____

Keith Howard for Auditorium Requests (High School)

Date _____

Principal _____

Date _____

☐ Approved☐ Not Approved

Superintendent _____

Date _____

☐ Approved☐ Not Approved

Board Chairperson _____

Board Meeting Date _____

Review/Revised:8/12/13