SCHOOL FACILITIES 05.31 AP.21

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

7th and 8th Grade Boys Basketball League Click here to enter text.

NAME OF REQUESTING ORGANIZATION AREA OF THE FACILITY

Michael Alexander High School Gym

PERSON WHO WILL BE PRESENT AND SUPERVISING DATES THE FACILITY IS NEEDED

 TIME Start April 10th every Tuesday and Thursday 5-7 and Saturday 10-12

FACILITY WILL BE USED FOR THE FOLLOWING ACTIVITIES Practice for 14U Boys Basketball

IS THE ORGANIZATION PLANNING TO CONDUCT SALES ON SCHOOL PREMISES? [ ]  yes [x]  no

APPROXIMATE NUMBER OF PERSONS: Click here to enter text.

 [x]  I request waiver of the rental fee

 [x]  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 Michael Alexander ADDRESS

ON BEHALF OF THE ORGANIZATIONClick here to enter text.

DATE 2/26/2018 PHONE NUMBER 859-221-9057

***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