

Request for Rental/Use of Facilities Application

Gallatin Co Food Pantry

NAME OF REQUESTING ORGANIZATION

Lesa Bullard

PERSON WHO WILL BE PRESENT AND SUPERVISING

AREA OF THE FACILITY

Auditorium

DATES THE FACILITY IS NEEDED

TIME April 20, 2018 7pm

FACILITY WILL BE USED FOR THE FOLLOWING ACTIVITIES Talent Show

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

APPROXIMATE NUMBER OF PERSONS: 50

☐ 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 Lighting & Sound <i>or we can make a donation to Board or music if needed</i>	1	2	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

ADDRESSClick here to enter text.

ON BEHALF OF THE ORGANIZATIONClick here to enter text.

DATE February 26, 2018

PHONE NUMBER 567-5691

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