Request for Rental/Use of Facilities Application

Gallatin County Fairboard — Auditorium, lobby, and cafeteria (no kitchen)
NAME OF REQUESTING ORGANIZATION — AREA OF THE FACILITY
Yolanda gould/Jamie Gould — June 21-23 Backup date if not available we can do June 28-30
PERSON WHO WILL BE PRESENT AND SUPERVISING — DATES THE FACILITY IS NEEDED
TIME 8am-10pm each day

FACILITY WILL BE USED FOR THE FOLLOWING ACTIVITIES Gallatin County Fair, Pageants, talent, family friendly activities and general exhibits

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

APPROXIMATE NUMBER OF PERSONS: 200

☐ I request waiver of the rental fee IF possible we are a 501c3 but we will pay if needed.

☐ 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 ADDRESS PO Box 107 Warsaw KY 41095

ON BEHALF OF THE ORGANIZATION *Yolanda Jean Gould*

DATE 3/8/18 PHONE NUMBER 859-445-2491

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