

**Facilities Usage Rental Application and Agreement for**  
**Use of District Property**

TRIGG COUNTY PUBLIC SCHOOLS

**\*Required**

**1. Name of Sponsoring Group/Organization**

Hopkinsville Community College

**2. Contact Person (Include name, phone number, email, and/or fax.)**

Gary Dawson  
Director of Academic Foundations  
270-707-3925  
gdawson0004@KCTCS.edu

**3. Facility to be used (Check all that apply.)**

☐ Gym (High School, Middle School, or Elementary)

☐ Wildcat Diner

☐ Little Theatre

☐ Outdoor Facility/Sports

☐ Library (Include specific location.)

☐ Parking Lot

☐ Classroom(s)

☒ Other: Adult Education Bldg

**4. Gym Location (Mark only one oval per row.)**

	HS Gym	MS Gym	Elem Gym	Stadium	Field House/ Weight Room
Gym Space Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concessions Area (HS or MS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Goals Rolled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bleachers Pulled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Backdrop/Staging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tables and/or Chair Set-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gym Floor Covering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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5. Will there be a need for handicapped accessibility to the HS Gym Floor?\* (Mark only one.)

☐ Yes

☐ No

6. Wildcat Diner -Indicate if food will be served. (Check all that apply.)

☐ Dining Room Only – No Food

☐ Dining Room – Food Served

☐ Use of Kitchen and Dining Area

☐ Sound and/or Projection Equipment

☐ Set-up – Tables/Chairs Moved

7. Technical Services (Check all that apply.)

☐ Sound System/Microphones

☐ Projection/Video Equipment

☐ Lighting (Little Theatre Only)

☐ Portable Screen

8. Equipment

If tables/chairs will be needed, indicate the number of each below:

9. Describe your activity:

GED Classes

10. Date(s) of Event

Include any practice dates that may be necessary and the beginning/ending time of each date.

Tuesdays & Thursdays 8:00 AM - 4:30 PM

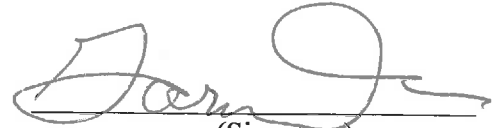
11. Time Frame of Event

Throughout the year

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18. I have read and agree to adhere to Board Policy 05.3 and Board Policy 05.31 and all related procedures.

Gary Dawson  
(Printed Name)

  
(Signature)

7-5-18  
(Date)

Review/Revised:4/9/2015

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**12. Estimated number of participants: (Mark only one.)**

- ☐ 0-50  
☐ 51-100  
☐ 101-150  
☐ 151-200  
☐ 200+

**13. Student Event Only (Mark only one.)**

- ☐ Yes  
☐ No

**14. Will admission be charged?**

- ☐ Yes  
☐ No

**15. Records Necessary (not for all applicants). Provide a copy of the following (Check all that apply.)**

- ☐ Certificate of Insurance  
☐ Proof of Non-Profit Status

**16. Central Office Staff Use Only (Check all that apply.)**

- ☐ Reviewed by IT  
☐ Reviewed by Maintenance  
☐ Reviewed by Wildcat Diner  
☐ Added to District Calendar  
☐ Quote Provided to Renter  
☐ Signed Contract

**17. After event, school staff to determine (Check all that apply.)**

- ☐ Facilities/Equipment Checked by \_\_\_\_\_  
☐ Invoice Mailed?  
☐ Payment Received?