GALLATIN COUNTY BOARD OF EDUCATION 600 MAIN STREET, P. O. BOX 147 WARSAW, KY 41095 Phone (859) 567-2828, Fax (859) 567-4528

REQUEST FOR RENTAL/USE OF FACILITIES APPLICATION

NAME OF REQUESTING ORGANIZATION AREA OF THE FACILITY \_\_\_\_\_\_**Gallatin County Fairboard Octoberfest Fall Event (Family friendly )**

**Yolanda Gould/Jamie Gould**

PERSON WHO WILL BE PRESENT AND DATE(S) THE FACILITY IS REQUIRED SUPERVISING THE ACTIVITY FROM \_\_8\_\_\_ a.m., TO \_\_10\_\_\_ p.m. (Please circle a.m. or p.m.) **Saturday Oct 6. Backup date if not available Sept 22. (we would set up the night before-minimum set up required)**

THE REQUEST AREA(S) OF THE FACILITY WILL BE USED FOR THE FOLLOWING ACTIVITIES: \_\_\_\_**Auditorium for Pageants. Lobby for Vendors and family friendly activities. Cafeteria without the kitchen if needed for additional space for activities. (fall themed activities for kids and family)** \_\_\_\_\_\_\_

SCHOOL EQUIPMENT TO BE USED:

**Possible use of 10-15 tables if available and some chairs. Sound equipment in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_auditorium very limited (will consult with Leah Webster**.

\_ APPROXIMATE # OF PERSONS: \_\_\_\_200 or less\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\* I request waiver of the rental fee. \_\_**WE ARE A 501c3 organization but will pay if need to (would love the board to consider reduced rate)**

\*\_\_\_\_\_\_\_\_ I request waiver of the charge for custodian. 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. (WILL PAY IF NEEDED THOUGH)

\_\_\_\_\_\_\_\_YOLANDA J GOULD-Secretary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PERSON MAKING Address REQUEST ON BEHALF OF THE ORGANIZATION \_\_\_

859-445-2491\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_8/10/18\_\_\_\_\_\_\_\_\_\_\_\_ DATE

AREA BELOW FOR OFFICIAL USE ONLY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BOARD CHAIRMAN DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_

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PRINCIPAL’S SIGNATURE DATE SUPERINTENDENT’S SIGNATURE DATE

\_\_\_\_\_\_\_APPROVED \_\_\_\_\_\_\_\_\_\_ APPROVED

\_\_\_\_\_\_\_\_\_\_DISAPPROVED \_\_\_\_\_\_\_\_\_\_ DISAPPROVED

STIPULATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RETURN TO THE OFFICE OF THE SUPERINTENDENT, ADDRESS ABOVE

WILL SUPPLY INSURANCE IF NEEDED FOR EVENT.