

Application and Agreement for Use of District Property

NOTE: Please complete this form and submit to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization as a contract

Name of Sponsoring Organization/Activity Shelley Mickel Chapter NWTP Telephone 2705080394

Representative's Name Marlene Lanham

Address 904 Bizzell Blvd Burnsville 42025

The above organization/individual requests the use of: Building/school/facility LCHS

auditorium gymnasium dining room/kitchen stadium

classroom(s) _____ other, specify _____

Is the organization planning to use District-owned equipment? YES NO

If yes, specify equipment _____ Operator's Name _____

Is the organization planning to conduct sales on school premises? YES NO

If yes, give a complete description of what is being sold and how the proceeds will be used. Raffle tickets
Auction Live & Silent

Building/school/facility representative to be on site Bobby Schmidt

Purpose Fundraiser

Date(s) requested March 14, 2020 Time(s) Requested All day till 11p

Will public be admitted? YES NO

Will advertisement(s) be used? YES NO

Will admission be charged? YES NO

When using school facilities, this organization agrees to observe the following:

- To schedule with the Principal/facility representative the time(s) District property is to be used.** It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
- To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization.** To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of \$1,000,000 for bodily injury and \$10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
- To provide appropriate equipment for the use of District property.** When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
- To abide by the requirements of Board policies 05.3 and 05.31 (see attached).** Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.
- To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.**

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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				
Food Service Employees				
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
Gymnasium at _____ school				
Auditorium at _____ school				
Cafeteria - <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ school				
Classroom(s) Number _____ at _____ school				
Stadium at _____ school				
Other Property at _____ school				

Mylene Denham

Signature - Representative of User Group

Daphaniel Wood

Signature - Principal/designee

1-28-2020

Date

2.5.2020

Date

Signature - Superintendent/designee

Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES MAY BE CANCELED AND OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(S) WILL BE MADE.

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For Office Use Only - To be Completed by School Official		
Cost for use of District property \$ _____	Cost for school employee \$ _____	Total cost \$ _____
Deposit \$ _____	Is deposit refundable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Deposit Received _____	Balance Due \$ _____	
Board employee(s) assigned: _____		
Board Action Date, if applicable _____	Board Order # _____	

Review/Revised:7/11/2016



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/11/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services South, Inc. Charlotte NC Office 1111 Metropolitan Avenue, Suite 400 Charlotte NC 28204 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105		
	E-MAIL ADDRESS:		
INSURED The National Wild Turkey Federation, Inc P O Box 530 Edgefield SC 29824 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Berkshire Hathaway Specialty Ins Company		22276
	INSURER B: Great Northern Insurance Co.		20303
	INSURER C: Federal Insurance Company		20281
	INSURER D: Vigilant Ins Co		20397
	INSURER E: XL Insurance America Inc		24554
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 570079195918 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADOL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER			79933275 Package (Prop, GL, Liquor)	11/01/2019	11/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			7993-32-76 Auto	11/01/2019	11/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			42UM030932601 Umbrella	11/01/2019	11/01/2020	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N N/A	79933279	11/01/2019	11/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
B	Liquor Liab Cvg			79933275 Liquor Liability	11/01/2019	11/01/2020	Each Occurrence \$1,000,000 Each Event Deductib \$1,000 Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 As regards all events sponsored by the NWTF, and/or it's Chapters, applying only to the specific event on the date it is held, and as per the terms and conditions of the agreement between the NWTF, and/or its Chapters and the vendor, property owners and/or facility (ies) where the event is being held.

CERTIFICATE HOLDER The National Wild Turkey Federation P.O.Box 530 Edgefield SC 29824-0530 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services South Inc</i>

Holder Identifier :

Certificate No : 570079195918



AGENCY CUSTOMER ID: 570000026346

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services South, Inc.		NAMED INSURED The National Wild Turkey Federation, Inc	
POLICY NUMBER See Certificate Number: 570079195918		EFFECTIVE DATE	
CARRIER See Certificate Number: 570079195918	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	EXCESS LIABILITY							
E				US00087677LI19A Excess Liab Cvg 5x25	11/01/2019	11/01/2020	Aggregate	\$20,000,000
							Each Occurrence	\$20,000,000



SHELLEY NICKELL CHAPTER NWTF

Hunting Heritage Banquet & Auction
Livingston High School
750 US Hwy 60 W Smithland KY

Conserve. Hunt. Share. Saturday March 14, 2020 | Doors Open 5:00 PM

Single Ticket (1 . Membership and meal, 6 issues of Turkey Country magazine).....\$35.00

Sponsor Ticket (1—Sponsor, including 2—Meal).....\$275.00

- * Banquet Sponsor Drawing Entry
- * 1-year Turkey Country Magazine (6 issues).....
- *NWTF Sponsor hat, pin and zink custom cherrywood box call
- * \$500.00 in General Raffle Tickets
- *75% tax Deductable

Bronze Sponsor Table.....\$500.00

Includes : 1 reserved table for 8 people including 8 meals, 1 sponsor membership, 3 regular memberships
And one sponsor package (raffle tickets, sponsor hat, sponsor pin and zink Cherrywood limited edition
Box call and \$500.00 in general raffle tickets)

Silver Sponsor Table.....\$600.00

Includes: 1 reserved table for 8 people including 8 meals, 1 sponsor membership, 6 regular memberships,
And one sponsor package (raffle tickets, sponsor hat, sponsor pin, and zink Cherrywood limited box call
And \$500.00 in general raffle tickets)

Gold Sponsor Gun Table (1—Sponsor, 7—Regular Memberships)..... \$1000.00

- * Reserved Table & Dinner for 8
- * \$500.00 in General Raffle Tickets
- * Banquet Sponsor Drawing Entry
- * 1-year Turkey Country Magazine (6 issues)
- *NWTF Sponsor hat, pin and custom zink cherrywood box call
- * 75% tax deductible
- *Table receives one Mossberg 22-250 bolt action rifle

For Tickets or additional banquet information

Please call

Michelle Hodge- 270-969-0834

mdhodge_99@yahoo.com

Purchase tickets online at:

www.events.nwtf/1702510-2020

