

## **BEECHWOOD INDEPENDENT SCHOOL DISTRICT BOARD OF EDUCATION**

RENTAL/ USE OF FACILITY

**Community Groups** 50 Beechwood Rd., Ft. Mitchell, KY 41017 (859) 331-3250 www.beechwood.kyschools.us Fax (859) 331-7528

TODAY'S DATE: DATE(S) OF ACTIVITY: 1/14/23 10/24/22

## PLEASE CHECK WITH HS SECRETARY TO BE SURE SITE IS AVAILABLE FOR THE DATES INDICATED.

**INSTRUCTIONS:** To request the use of the commons, cafeteria, library, either dym, high school classroom, kitchen, or

	the high school office to determine availability of the area requested. To
	or any space located in the elementary, the elementary principal will determine
	approved by the principal, the request will be submitted to the Superintendent.
	genda for the next Board of Education meeting for final approval.
NAME OF REQUESTING ORGANIZATION:	National High School Strength Coaches Association (NHSSCA)
PERSON(S) WHO WILL BE PRESENT AND SUPERVISING THE ACTIVITY: LOGAN	NEEE
	Commons Cafe Library/Media Center Old Gym
	per Turf Field Other: Fieldhouse Lower Weight Room
Kitchen-requires a Food Service staff mem	ber be present, requesting group is responsible for cost.
TIME OF ACTIVITY/EVENT:	ROM_8 ✓ AM or PM TO 11 ✓ AM or PM.
START TIME FOR SET UP: 7am	END TIME FOR CLEAN UP: 11am
DOORS (TO BE KEPT OPEN DURING AC	TIVITY IF APPLICABLE) (Please check or circle required entrances)
DOORS OPEN FROM:	Elem Main Entry #2 Board Office/Library #8 HS Entry #10
8am <b>-</b> 11am	Aux Gym Lobby #14
APPROXIMATE NUMBER OF PERSONS WHO	• <del></del>
IF THIS IS A CONTINUING REQUEST, INDIC	
Beginning	and continuing through
THE REQUESTED LOCATION(S) WILL BE US	
Presentation/Lectures regarding high	
Is the organization planning on using any eq	
If yes, specifiy equipment:	
11 yes, speemy equipment	
Is the organization planning to conduct sales	on school premises?
	is being sold and how the proceeds will be used:
Custodial service requested yes / no. I	
Check Fee Schedule for any applicabl	
	mmunity Use of School Facilities and the Use of Facilities Assurances of
	equesting organization to assume personal responsibility for the proper
use of the above named areas of the facility.	equesting organization to assume personal responsibility for the proper
Logan Neff	54 Beechwood Rd
SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE	
Statistical of Telephonographic Control of The	- ONORMED TEACH
EMAIL logan.neff@beechwood.kyschools.us	CELL 859-815-9257
AREA	BELOW IS FOR-OFFICE USE ONLY
SITE IS AVAILABLE, HS SECRETARY INIT	
ApprovedNot Approved	10/25/22
	PRINCIPAL'S SIGNATURE Date
Approved Net Approved	and the second of the second o
ApprovedNot Approved	SUPERINTENDENT'S SIGNATURE Date
Approved Net Approved	SOI ENTITIEMPENT S STORAL DICE
ApprovedNot Approved	SCHOOL BOARD CHAIR Date
STIPULATIONS:	SCHOOL DONNO CHAIN

CONTACT PERSON WILL BE NOTIFIED BY EMAIL.

**Original** - Director of Operations Office

Copies will be emailed to: Maintenance/Custodial Supervisors, Principal, HS Secretary for Facility Book,

05.31 AP.21