

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:	
PLEASE CHECK WITH HS SECRETARY		
INSTRUCTIONS: To request the use of the your request must start in the high school elementary classroom or any space located the area requested. Once approved by the the request will be put on the agenda for the second secon	office to determine availability of the area I in the elementary, the elementary princip principal, the request will be submitted to	requested. To request the use of an oal will determine the availability of o the Superintendent. If approved,
NAME OF REQUESTING ORGANIZATION:	Charlote Anderson LLC	(Kelly Gull)
PERSON(S) WHO WILL BE PRESENT AND SUPERVISING THE ACTIVITY:	U	
LOCATION(S) REQUESTED FOR ACTIVITY: Upper Turf Field Field House Viewing		y GymLower Turf Field
Kitchen-requires a Food Service staff member	er be present, requesting group is responsible f	for cost.
•	FROM 6/29 AM or P	- /
START TIME FOR SET UP:		OR CLEAN UP:
DOORS (TO BE KEPT OPEN DURING A DOORS OPEN FROM:		ck or circle required entrances) http://doi.org/10.1007/pdf/http://doi.org/10.1007/http://
DOORS OPEN FROM:		
APPROXIMATE NUMBER OF PERSONS WHO		r, be specific
IF THIS IS A CONTINUING REQUEST, INDI		15-20 per day
Beginning 6-29	and continuing through	
THE REQUESTED LOCATION(S) WILL BE U		Irmine of Relter Blene
location		3
Is the organization planning on using any e		Yes No
If yes, specifiy equipment: Tec Machine	£	
Is the organization planning to conduct sale	es on school premises?	Yes No possibly
If yes, give a COMPLETE description of wha		be used: Protein Blends
Custodial service requested yes no.		Heating/Cooling needed ves no.
Check Fee Schedule for any applicat		
I have read the Rules and Regulations for C	Community Use of School Facilities and the Use	of Facilities Assurances of
Acceptable Behavior, and agree on behalf of the use of the above named areas of the facility.	requesting organization to assume personal re	esponsibility for the proper
7 # 17 //	2.14	
SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE	HE ORGANIZATION ADDRESS	lixic Hwy
Britan, Gruhh @ Retterblend.	<u>Si3-3</u>	44 - 1056
ARE	A BELOW IS FOR OFFICE USE ONLY	
SITE IS AVAILABLE. HS SECRETARY INI	TIAL	
ApprovedNot Approved	PRINCIPAL'S SIGNATURE	4-28·23 Date 7/6/23
ApprovedNot Approved	K Mu	7/1 /22
	SUPERINTENDENT'S SIGNATURE	Date
ApprovedNot Approved	/	
	SCHOOL BOARD CHAIR	Date
STIPULATIONS:		

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

Use of Culinary Lab

Family and Consumer Science Classroom 114

When using the Culinary Lab, you must follow the guidelines listed below. The information below will protect everyone due to food allergies. This form must be signed and returned to Mrs. Sletto prior to using the classroom.

1.	Complete this form.	\checkmark
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- 2. Attach this form to the Use of Facility request form.
- 3. Adult supervisors must remain in the classroom if children are present. ✓
- 4. Please do not use any utensil or piece of equipment without prior approval by the teacher. ✓
- 5. Please do not use the teacher's desk or teacher's personal items. <
- 6. Please empty all trash and take bags to the dumpster. 🗸
- 7. Counters and tables need to be cleaned with spray cleaner (not soap and water) prior to leaving.
- 8. Doors must be locked when finished (laundry room and hallway).

I have read the above rules and agree to follow them when using room 114.

Name: Baltan Grubb	Signature:
Organization: Better Bland (F+ Mitchell)	
Phone numbers: <u>513-344-1056</u>	
Date of use: $6-29 - 7-15$ (2023)	