



TODAY'S DATE: 9/8/23 DATE(S) OF ACTIVITY: 11/3/23

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

INSTRUCTIONS: To request the use of the cafeteria, either gym, high school classroom, kitchen, or any athletic field your request must start in the high school office to determine availability of the area requested. To request the use of an elementary classroom or any space located in the elementary, the elementary principal will determine the availability of the area requested. Once approved by the principal, the request will be submitted to the Superintendent. If approved, the request will be put on the agenda for the next Board of Education meeting for final approval.

NAME OF REQUESTING ORGANIZATION: Hart County High School Marching Band
PERSON(S) WHO WILL BE PRESENT AND SUPERVISING THE ACTIVITY: Cameron Johnson - Band Director

LOCATION(S) REQUESTED FOR ACTIVITY: Cafe Old Gym Auxillary Gym Lower Turf Field
 Upper Turf Field Field House Viewing Room Other: _____

Kitchen-requires a Food Service staff member be present, requesting group is responsible for cost.

TIME OF ACTIVITY/EVENT: FROM 11:15 am AM or PM TO 2:00 AM or PM.

START TIME FOR SET UP: 11:15 am END TIME FOR CLEAN UP: 2:00 pm

DOORS (TO BE KEPT OPEN DURING ACTIVITY IF APPLICABLE) (Please check or circle required entrances)

DOORS OPEN FROM: _____
 Elem Main Entry #2 HS Entry #10
 Aux Gym Lobby #14 Other, be specific _____

APPROXIMATE NUMBER OF PERSONS WHO WILL BE ATTENDING THE ACTIVITY: 30 students (10-15 staff/parents)

IF THIS IS A CONTINUING REQUEST, INDICATE THE DURATION BELOW:

Beginning N/A and continuing through N/A

THE REQUESTED LOCATION(S) WILL BE USED FOR THE FOLLOWING ACTIVITY: Marching band rehearsal

Is the organization planning on using any equipment located on school property? Yes No

If yes, specify equipment: _____

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: _____

Custodial service requested yes no. Fees may apply. Heating/Cooling needed yes no.

Check Fee Schedule for any applicable fees, 05.3 AP.2

I have read the Rules and Regulations for Community Use of School Facilities and the Use of Facilities Assurances of Acceptable Behavior, and agree on behalf of the requesting organization to assume personal responsibility for the proper use of the above named areas of the facility.

SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION
Cameron Johnson

ADDRESS
1014 S. Dixie Hwy

EMAIL
Cameron.Johnson@hart.kyschools.us

CELL
270-528-1432

AREA BELOW IS FOR OFFICE USE ONLY

Approved Not Approved

PRINCIPAL'S SIGNATURE [Signature] Date 9/19/2023

Approved Not Approved

SUPERINTENDENT'S SIGNATURE _____ Date _____

Approved Not 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

