



**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: 2/16/24 DATE(S) OF ACTIVITY: 2-17-24

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: Adam Greber
PERSON(S) WHO WILL BE PRESENT AND SUPERVISING THE ACTIVITY: Adam Greber

LOCATION(S) REQUESTED FOR ACTIVITY: Cafe Old Gym Auxiliary 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 2:00 AM or PM TO 3:30 AM or PM.

START TIME FOR SET UP: _____ END TIME FOR CLEAN UP: _____

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

DOORS OPEN FROM: 1:45 - 3:45 Elem Main Entry #2 HS Entry #10
 Aux Gym Lobby #14 Other, be specific Door #17

APPROXIMATE NUMBER OF PERSONS WHO WILL BE ATTENDING THE ACTIVITY: 12
IF THIS IS A CONTINUING REQUEST, INDICATE THE DURATION BELOW:

Beginning _____ and continuing through _____

THE REQUESTED LOCATION(S) WILL BE USED FOR THE FOLLOWING ACTIVITY: Varsity Gym

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: [Signature] ADDRESS: _____

EMAIL: _____ CELL: _____

AREA BELOW IS FOR OFFICE USE ONLY

SITE IS AVAILABLE. HS SECRETARY INITIAL
8 Approved _____ Not Approved _____
PRINCIPAL'S SIGNATURE: [Signature] Date: 2/16/2024
____ 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, Dir. of Technology if heat/AC requested, & Athletic Dir. If athletic facility requested.
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UPDATED Aug 17, 2022