



**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: 1/20/25 DATE(S) OF ACTIVITY: 11/21-11/22/2025

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: PTSA
PERSON(S) WHO WILL BE PRESENT AND SUPERVISING THE ACTIVITY: Kamela Klopp 513-213-9813

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 3pm AM or PM TO 3 AM or PM.

START TIME FOR SET UP: 11/21 END TIME FOR CLEAN UP: 11/22 - 3pm

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

DOORS OPEN FROM: 8am - 12pm
 Elem Main Entry #2 HS Entry #10 (lean - 8am - 11/22/25)
 Aux Gym Lobby #14 Other, be specific #17 - (3pm - 11pm - 11/21/25)

APPROXIMATE NUMBER OF PERSONS WHO WILL BE ATTENDING THE ACTIVITY: 1200

IF THIS IS A CONTINUING REQUEST, INDICATE THE DURATION BELOW:
Beginning 11/21/25 and continuing through 11/22/2025

THE REQUESTED LOCATION(S) WILL BE USED FOR THE FOLLOWING ACTIVITY: Santa test

Is the organization planning on using any equipment located on school property? Yes No
If yes, specify equipment: Tables/Chairs/Kitchen & audio 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: CONCESSIONS - PTSA
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: Kamela Klopp ADDRESS: 8 Alpine Dr. 41017

EMAIL: Kamelammelman@gmail.com CELL: 513-213-9813

AREA BELOW IS FOR OFFICE USE ONLY

SITE IS AVAILABLE. HS SECRETARY INITIAL: _____
 Approved Not Approved
____ Approved Not Approved
____ Approved Not Approved
PRINCIPAL'S SIGNATURE: [Signature] (DISTRICT USE) Date: 1-24-25
SUPERINTENDENT'S SIGNATURE: _____ Date: _____
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
Page 3 of 5 Dir. Of Technology if heat/AC requested, & Athletic Dir. If athletic facility requested. UPDATED Aug 17, 2022

