



**BEECHWOOD INDEPENDENT SCHOOL DISTRICT  
BOARD OF EDUCATION**

**RENTAL/ USE OF FACILITY  
Community Groups**

50 Beechwood Rd., Ft. Mitchell, KY 41017 (859) 331-3250 www.beechwoodkyschools.us Fax: (859) 331-7528

TODAY'S DATE: 5-21-25 DATE(S) OF ACTIVITY: 5-25-25

PLEASE CHECK WITH HS SECRETARY TO BE SURE SITE IS AVAILABLE FOR THE DATES 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: Nky Young Marines

PERSON(S) WHO WILL BE PRESENT & SUPERVISING THE ACTIVITY: Rachel Smith

NAME OF EVENT: PPT

LOCATION(S) REQUESTED FOR ACTIVITY:  Cafe  Varsity Gym  Aux Gym  Lower Field  Upper Field  
 Fieldhouse Viewing Room  Performing Arts Center  Alumni Atrium  Teacher Learning Center  Student Center  
 Kitchen-requires Food Service staff be present- Requesting group is responsible for cost.  Other: Field House

TIME OF ACTIVITY/EVENT: FROM 9:00  AM or  PM TO 11:30  AM or  PM.

START TIME FOR SET UP: 9:00 am END TIME FOR CLEAN UP: 11:30 am

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: 15  
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: \_\_\_\_\_

Is the organization planning on using any equipment located on school property?  Yes  No  
If yes, specify equipment: gym equipment in field house - pull up base

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:

Gustodial 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: Rachel Smith ADDRESS: 30 Bullock Ave

EMAIL: Rachel.Smith@Beechwoodky.schools.us CELL: 859-8020150

AREA BELOW IS FOR OFFICE USE ONLY

SITE IS AVAILABLE HS SECRETARY INITIAL: \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ PRINCIPAL'S SIGNATURE: \_\_\_\_\_ Date: 5/21/25

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/Gustodial Supervisors, Principal, HS Secretary for Facility Book, Dir. Of Technology if heat/AC requested, & Athletic Dir. if athletic facility requested. 05.31 AP.21  
UPDATED January 2025