



Bullitt County Public Schools

1040 Highway 44 East

Shepherdsville, KY 40165

<https://www.bullittschools.org/>
(<https://www.bullittschools.org/>)

MEMO

TO: Dr. Jesse Bacon, Superintendent
FROM: Thomas Stokes *TAS*
DATE: 11/05/2025
RE: Board Agenda Item: Community Use of School Facilities

North Bullitt Girls Basketball - Mid America Tournament has submitted a facility use form seeking permission to use Zoneton MS on the following days:

02/21/2026 - 02/22/2026

All required documentation has been verified. I recommend approval of this request.

Please reach out with any questions.

Thomas Stokes

[< Back](#)



Bullitt County Public Schools

1040 Highway 44 East

Shepherdsville, KY 40165

<https://www.bullittschools.org/>
(<https://www.bullittschools.org/>)

Application and Agreement for Use of District Property

Requestor Name

Casey Bannon

Requestor Email

casey.bannon@bullitt.kyschools.us

Name of Sponsoring Organization/Activity

North Bullitt Girls Basketball - Mid America Basketball Tournament

Telephone

(502) 492-8999

Representative's Name

Casey Bannon

Address

3200 E Hebron Lane

City

Shepherdsville

State

KY

Zip

40165

The above organization/individual requests the use of:

- ☐ auditorium
- ☒ gymnasium
- ☐ dining room/kitchen
- ☐ stadium
- ☐ classroom(s)
- ☒ other

Specify other

concession stand

☒ I understand that a \$50 per hour fee will be charged if district custodial staff are required.

Is the organization planning to use District-owned equipment?

☐ Yes ☒ No

Is the organization planning to conduct sales on school premises?

☒ Yes ☐ No

Give a complete description of what is being sold and how the proceeds will be used.

ticket sales and concession sales

School

North Bullitt HS

Purpose

fundraiser

☐ Single Event ☒ Ongoing Use (multiple days)

Start Date Range	End Date Range	Start Time	End Time	*Days of the Week
02/21/2026	02/22/2026	7:00 AM	8:00 PM	Saturday, Sunday

*Days of the week are a multi-select dropdown, on the column to view the options

Notes for the Administrator (optional)

Also need to use HMS and ZMS gyms.

Will public be admitted?

☒ Yes ☐ No

Please explain:

spectators

Will advertisement(s) be used?

☒ Yes ☐ No

Please explain:

facebook

Will admission be charged?

☒ Yes ☐ No

Please explain:

ticket sales

When using school facilities, this organization agrees to observe the following:

1. To schedule with the Superintendent/designee the time(s) District property is to be used. It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
2. To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization. To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of \$1,000,000 for bodily injury and \$10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
3. To provide appropriate equipment for the use of District property. When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
4. To abide by the requirements of Board policies 05.3 and 05.31 (see attached). Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.
5. To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

For Office Use Only - To be Completed by School Official**Cost for use of District property**

\$0

Cost for school employees**Total cost**

\$0.00

Deposit**Is deposit refundable?**☐ Yes☐ No**Date Deposit Received****Balance Due****Board employee(s) assigned****Board Action Date****Board Order #****Date of Use**

02/21/2002

length of Time

7:00 am -8:00 pm both days (2/21-2/22/26)

organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.

3. To provide appropriate equipment for the use of District property. When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
4. To abide by the requirements of Board policies 05.3 and 05.31 (see attached). Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.
5. To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

For Office Use Only - To be Completed by School Official**Cost for use of District property**

\$0

Cost for school employees**Total cost**

\$0.00

Deposit**Is deposit refundable?**☐ Yes☐ No**Date Deposit Received****Balance Due****Board employee(s) assigned****Board Action Date****Board Order #****Date of Use****length of Time**

02/21/2026

6:00am-6:00pm (2/21-2/22/26)24 hrs total

Fee Schedule

Personnel	# of employees required	# of hours	Hourly Rate (Overtime at 1.5 times)	Total
	1	26	\$0	\$0.00

- \$30 for up to 3 hours, \$5 per hour each additional hour

AUDITORIUM

- \$50 for up to 3 hours, \$10 per hour each additional hour

GYMNASIUM

- \$50 for up to 3 hours, \$10 per hour each additional hour

CAFETERIA

- \$30 per hour

KITCHEN

- \$50 per hour, SFS personnel must be present

KITCHEN AND CAFETERIA

- \$80 per hour, SFS personnel must be present

OUTSIDE PROPERTIES

- \$30 for elementary/middle schools
- \$50 for high schools

TURF USE

- Requires \$50 maintenance fee

CUSTODIAL STAFF

- Requires \$50 per hour, per employee assigned.

Advertising was requested for this event and was Approved

- ☒ I UNDERSTAND THAT IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND THE OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(S) WILL BE MADE.

Casey Bannon

Signature - Representative of User Group

10/29/2025

Date Signed

Kristi Lynch

Signature - Principal

11/10/2025

Date Signed

Thomas Stokes

Signature - Superintendent/designee

11/10/2025

Date Signed

Does this require Board approval?



Bullitt County Public Schools

1040 Highway 44 East

Shepherdsville, KY 40165

<https://www.bullittschools.org/>
(<https://www.bullittschools.org/>)

Approval for Advertising

☒ Site Administrator Approval

Principals/site administrators may approve or disapprove requests from nonschool groups to post on bulletin boards flyers or notices of general interest to students and/or staff, provided the information will be posted for fewer than thirty (30) calendar days. If the site administrator is in doubt whether the request requires Board approval, s/he shall confer with the Superintendent/designee.

☒ Board Approval

All other requests by outside groups to advertise on District property shall require prior approval of the Board, including the following: advertising to be posted for thirty (30) days or longer and commercial advertising involving placement of permanent or semipermanent signs in athletic facilities on other District properties.

TO APPLY FOR APPROVAL OF THE BOARD TO ADVERTISE, A REPRESENTATIVE OF THE NONSCHOOL GROUP MUST COMPLETE THE INFORMATION REQUESTED BELOW AND RETURN THIS FORM TO THE CENTRAL OFFICE.

Applicant's Name

☒ Use previous info?

Requestor Name

Casey Bannon

Requestor Email

casey.bannon@bullitt.kyschools.us

Name of Sponsoring Organization/Activity

North Bullitt Girls Basketball - Mid America Basketball Tournament

Telephone

(502) 492-8999

Representative's Name

Casey Bannon

Address

3200 E Hebron Lane

City

Shepherdsville

State

KY

Zip

40165

FAX Number

() -

Applicant represents:

- ☐ Himself/herself
- ☒ Organization

Specify

NBHS Athletics

Type of advertisement

Facebook

Time Period Requested

Dec - Feb

IF THIS APPLICATION IS APPROVED, THE APPLICANT SHALL BE RESPONSIBLE FOR REMOVING ALL ADVERTISING MATERIALS AT THE END OF THE TIME PERIOD THE BOARD APPROVES.

Board Action**Date of Consideration**

11/05/2025

- ☒ Approved ☐ Denied

Date applicant notified

11/05/2025

By whom:

Adrienne Usher

< Back

Next >



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/09/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Louisville Insurance, LLC 11828 Ransom Drive Louisville, KY 40243	CONTACT NAME: Lela Lizdo	
	PHONE (A/C, No, Ext): 502-883-4812	FAX (A/C, No):
INSURED Frederick A. Hale LLC DBA Midwest Basketball Tournaments 1906 Watterson Trail Louisville, KY 40299	E-MAIL ADDRESS: Lela@louisvilleins.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Secura Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CP3272878	08/02/2025	08/02/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Bullitt County Board of Education is named as Additional Insured.

Primary/Non Contributory Endorsement has been added in favor of certificate holder.

CERTIFICATE HOLDER**CANCELLATION**Bullitt County Public Schools
1040 Highway 44 East
Shepherdsville, KY 40165

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.