**REQUEST FOR RENTAL/USE OF FACILITIES APPLICATION**

**South Fork Christian Church**

NAME OF REQUESTING ORGANIZATION

**Just the Cafeteria tables and seats**

AREA OF THE FACILITY

**Brian Brentlinger** **March 20, 2011**

PERSON SUPERVISING ACTIVITY DATE(S) REQUESTED

TIME: **12:30pm – 4:00pm**

(Please specify AM or PM )

THE REQUEST AREA(S) OF THE FACILITY WILL BE USED FOR THE FOLLOWING ACTIVITIES:

**Raising Funds for Youth Mission trip. They will be serving a dinner. It will be ready to serve when we get there.**

Is the organization planning to conduct sales on school premises?NO

SCHOOL EQUIPMENT TO BE USED: **Chairs and tables**

APPROXIMATE #OF PERSONS: **50 - 75**

I request waiver of the rental fee. Please X if applicable

I request waiver of the charge for custodian. Please X if applicable

Fee Schedule

The organization agrees to pay the applicable fee(s) for the use of District facilities

Facility/Equipment Fee $**Click here to enter text.** Personnel Cost $ **Click here to enter text.**

Insurance Cost $**Click here to enter text.** Total Cost $**Click here to enter text.**

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

**Robert Hightchew/ Brian Brentlinger** **14896 S. Fork Church Road, Verona KY**

SIGNATURE OF PERSON MAKING Address

REQUEST ON BEHALF OF THE PHONE

ORGANIZATION Home **8595676317** Cell **8597436781**

DATE **Click here to enter text.**

*In the event school is closed due to weather conditions, all scheduled activities, with the exception of dinner meetings, will be cancelled and opportunity to reschedule or refund rental fee(s) will be made.*

**AREA BELOW FOR OFFICIAL USE ONLY**

**Click here to enter text.** **Click here to enter text.**

MARTHA SEBRING for Café Requests JON JONES/LINDA EDMONDSON for Gym Requests

**Click here to enter text.** **Roxann Booth**

KEITH HOWARD for Auditorium Requests PRINCIPAL

**Type signature here** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

SUPERINTENDENT BOARD CHAIR DATE