



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  
DATE: 01/16/2026  
RE: Board Agenda Item: Community Use of School Facilities

Church of the Crossroads has submitted a facility use form seeking permission to use Bullitt East HS on the following days:

04/04/2026 - 04/05/2026

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

Please reach out with any questions.

*Thomas Stokes*

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## Application and Agreement for Use of District Property

**Requestor Name**

Holly DeMuesy

Requestor Email

hdemuesy@cotcky.org

Name of Sponsoring Organization/Activity

## Church of the Crossroads

Telephone

(502) 759-0426

Representative's Name

Royce Lurie

## Address

10848 KY Hwy 44

City

MOUNT WASHINGTON

State

KY

Zip

40047

**The above organization/individual requests the use of:**

☐ auditorium

☒ gymnasium

☐ dining room/kitchen

☐ stadium

☒ classroom(s)

☐ other

Specify classroom(s)

1st and 2nd halls 6-8 classroom

☒ 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

**School**

Bullitt East HS

**Purpose**

Easter Sunday services

☒ Single Event ☐ Ongoing Use (multiple days)

**Event Start**

04/04/2026 12:00 AM

**Event End**

04/05/2026 12:00 AM

**Will public be admitted?**

☒ Yes ☐ No

**Please explain:**

church services

**Will advertisement(s) be used?**

☐ Yes ☒ No

You must get approval for advertising using this form:

[Request for Advertising \(https://app.droplet.io/form/0rADeK\)](https://app.droplet.io/form/0rADeK)

**Will admission be charged?**

☐ Yes ☒ No

**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**

\$70

**Cost for school employees**

\$250

**Total cost**

\$320.00

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

04/05/2026

**length of Time**

4/4 set up 8:00-1:00 (no charge) , 4/5 services 8:00

**Fee Schedule**

Personnel	# of employees required	# of hours	Hourly Rate (Overtime at 1.5 times)	Total
	1	5	\$50	\$250.00
				\$250.00

**Total Personnel Charge**

\$250.00

Property Used	Facility/Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at Bullitt East HS	\$70		\$70.00
Auditorium at Bullitt East HS			\$0.00
Cafeteria/Dining Room/Kitchen at Bullitt East HS			\$0.00
Classroom(s) Number 1st and 2nd halls 6-8 classrooms at Bullitt East HS			\$0.00
Stadium at Bullitt East HS			\$0.00
Other Property at Bullitt East HS			\$0.00
			\$70.00

Grand Total Cost

\$320.00

## **Application and Agreement for Use of District Property**

### **RATES FOR DISTRICT FACILITY USE**

District leadership may set additional charges if not specifically stated.

#### **ALL PURPOSE ROOM**

- \$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.

- ☒ 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.

*Holly DeMuesy*

Signature - Representative of User Group

01/13/2026

Date Signed

*Joshua Lightle*

Signature - Principal

01/16/2026

Date Signed

*Thomas Stokes*

Signature - Superintendent/designee

01/16/2026

Date Signed

**Does this require Board approval?**

☒ Yes ☐ No

**Would you like to add any notes or special requests?**

Optional

- ☒ HVAC Scheduled/Not Needed

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## Reporting Form for Employee Extra Pay

Name of Sponsoring Organization/Activity

Church of the Crossroads

Representative's Name

Royce Lurie

Facilities used by organization: gymnasium, classroom(s)

Does this require Board approval

☐ Yes ☐ No

Event Schedule:

04/04/2026 12:00:00 AM - 04/05/2026 12:00:00 AM

Personnel assigned to the event:

- ☐ Custodian(s) ☐ Food Service Employee(s)
- ☐ Supervisory personnel will be paid at not less than their regular hourly rate or regular overtime pay with pay beginning 30 minutes before and ending one (1) hour after the event or whenever the facility (including the stadium) is in good, useable order for the next day.

How many employees worked at this event?

For Central Office use only



☒ Insurance Verified☒ Appropriate use of facilities verified[< Back](#)[Next >](#)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/13/2026

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).

<b>PRODUCER</b> Independent Agents of KY 806 Stone Creek Parkway, Suite 1  Louisville KY 40223		<b>CONTACT NAME:</b> Rebekah Walker <b>PHONE (A/C, No., Ext.):</b> (502) 459-8880 <b>E-MAIL ADDRESS:</b> certificates@IAKinsurance.com <b>FAX (A/C, No.):</b> (502) 451-3268													
<b>INSURED</b> CHURCH OF THE CROSSROADS, INC. 10848 HIGHWAY 44 E  MOUNT WASHINGTON KY 40047-7274		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"><tr><td><b>INSURER A:</b> ERIE INS CO</td><td><b>NAIC #</b> 26263</td></tr><tr><td><b>INSURER B:</b> ERIE INS EXCH</td><td>26271</td></tr><tr><td><b>INSURER C:</b></td><td></td></tr><tr><td><b>INSURER D:</b></td><td></td></tr><tr><td><b>INSURER E:</b></td><td></td></tr><tr><td><b>INSURER F:</b></td><td></td></tr></table>		<b>INSURER A:</b> ERIE INS CO	<b>NAIC #</b> 26263	<b>INSURER B:</b> ERIE INS EXCH	26271	<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER E:</b>															
<b>INSURER F:</b>															

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		Q61-0223593	09/10/2025	09/10/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Bullitt County Public Schools is included as an additional insured as per written contract. The General Liability Policy is Primary/Non-Contributory.

**CERTIFICATE HOLDER****CANCELLATION**

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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