



**BEECHWOOD INDEPENDENT SCHOOL DISTRICT
BOARD OF EDUCATION**

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

RENTAL/ USE OF FACILITY

Community Groups

TODAY'S DATE: 12/26/25 DATE(S) OF ACTIVITY: 11/20-11/21/2024

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: PTSA

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

NAME OF EVENT: SantaFest

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:

TIME OF ACTIVITY/EVENT: FROM 3PM AM or PM TO 3PM AM or PM.

START TIME FOR SET UP: 11/20/24 END TIME FOR CLEAN UP: 11/21/24

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 1pm-8pm 11/21/24
8am - 12pm Aux Gym Lobby #14 Other, be specific 1pm-6pm 11/21/24

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

IF THIS IS A CONTINUING REQUEST, INDICATE THE DURATION BELOW:

Beginning 11/20/24 and continuing through 11/21/24.

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

SantaFest

Is the organization planning on using any equipment located on school property? Yes No

If yes, specify equipment: Tables | CHAIRS | KITCHEN | Audio Equipment | EASELS (WHITE)

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 - PTS

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.

Kamela Klopp

SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION

Kamela.Mmeierman@gmail.com

EMAIL

8 Alpine Dr. 41017

ADDRESS

513-213-9813

CELL

AREA BELOW IS FOR OFFICE USE ONLY

SITE IS AVAILABLE HS SECRETARY INITIAL

Approved Not Approved

J. Casley
PRINCIPAL'S SIGNATURE

1/29/24
Date

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/Custodial 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