



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 *TJS*
DATE: 02/19/2026
RE: Board Agenda Item: Community Use of School Facilities

Spark Athletics has submitted a facility use form seeking permission to use Bullitt Central HS on the following days:

03/28/2026 - 01/27/2026

All required documentation has been verified. I recommend approval of this request.
Please reach out with any questions.

Thomas Stokes

This use of school facilities has been billed by the Finance Department

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Bullitt County Public Schools

1040 Highway 44 East

Shepherdsville, KY 40165

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Application and Agreement for Use of District Property

Requestor Name

Holly Slone

Requestor Email

holly@spark-athletics.com

Name of Sponsoring Organization/Activity

Spark Athletics

Telephone

(502) 654-1974

Representative's Name

Julie Johnson

Address

10900 Electron Drive

City

Louisville

State

KY

Zip

40299

The above organization/individual requests the use of:

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

Specify other

gym, concessions, lobby

- I understand that a fee of up to \$55 per hour could 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.

admission and shout out/raffle baskets

School

Bullitt Central HS

Purpose

USTA trampolines & tumbling competition

Single Event Ongoing Use (multiple days)

Event Start

03/28/2026 7:30 AM

Event End

01/27/2026 6:00 PM

Will public be admitted?

Yes No

Please explain:

spectators

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

Please explain:

spectators are charged admission

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

\$140

Cost for school employees

\$600

Total cost

\$740.00

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

03/28/2026

12 HRS (7:30-6:30 WITH 2 HRS SET UP/CLEAN UP)

Fee Schedule

Personnel	# of employees required	# of hours	Hourly Rate (Overtime at 1.5 times)	Total
	1	12	\$50	\$600.00

Personnel	# of employees required	# of hours	Hourly Rate (Overtime at 1.5 times)	Total
				\$600.00

Total Personnel Charge

\$600.00

Property Used	Facility/Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at Bullitt Central HS	\$140		\$140.00
Auditorium at Bullitt Central HS			\$0.00
Cafeteria/Dining Room/Kitchen at Bullitt Central HS			\$0.00
Classroom(s) Number _____ at Bullitt Central HS			\$0.00
Stadium at Bullitt Central HS			\$0.00
Other Property at Bullitt Central HS			\$0.00
			\$140.00

Grand Total Cost

\$740.00

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 fee of up to \$55 per hour, per employee assigned.

SCHOOL FOOD & NUTRITION STAFF

- Requires fee of up to \$55 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 Stone

Signature - Representative of User Group

01/27/2026

Date Signed

Joe Pat Lee

Signature - Principal

02/19/2026

Date Signed

Thomas Stokes

Signature - Superintendent/designee

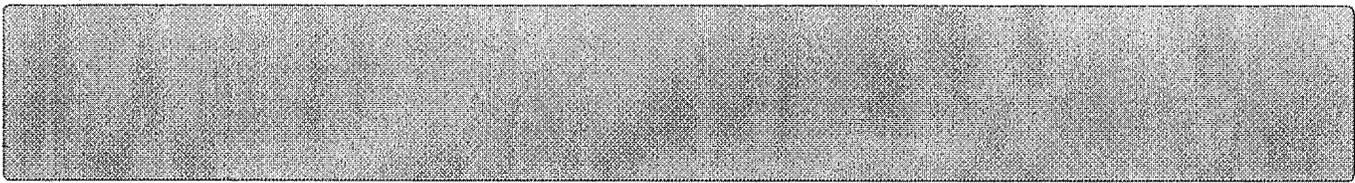
02/19/2026

Date Signed

Does this require Board approval?

- Yes No

Would you like to add any notes or special requests?



Optional

HVAC Scheduled/Not Needed

This use of school facilities has been billed by the Finance Department

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/10/2026

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).

PRODUCER Insurance Office of America 501 S. Cherry Street Suite 600 Denver, CO 80246	CONTACT NAME: PHONE (A/C, No, Ext): (720) 524-4700	FAX (A/C, No): (720) 524-6544
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Everest National Insurance Company		10120
INSURER B : United States Fire Insurance Company		21113
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
 United States Trampoline & Tumbling Association
 6304 Bayberry Blvd. NE
 Winter Haven, FL 33881

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Event	X		GCN0012596-251	8/1/2025	8/1/2026	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	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							ABUSE AND MOLES	\$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO 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)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			GCN0012614-251	8/1/2025	8/1/2026	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Participant Accident			US2166860	8/1/2025	8/1/2026	Per Claim	50,000

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

Trampoline and Tumbling Association

USTA Host Club: Spark Athletics

Event: Tumblebowl 2026

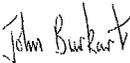
Event Date(s): March 28, 2026

Event Location: Bullitt Central High School - 1330 Highway 44 East Shepherdsville, KY 40165

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

Bullitt County Public Schools 1040 Highway 44 E 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 
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ADDITIONAL REMARKS SCHEDULE

AGENCY Insurance Office of America		NAMED INSURED United States Trampoline & Tumbling Association 6304 Bayberry Blvd. NE Winter Haven, FL 33881	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Bullitt County Public Schools is Additional Insured on a Primary and Non-Contributory basis (per form #ECG24539) with respect to General Liability when required by written contract or agreement per form #ECG20600

THIS ENDORSEMENT CHANGES THE COVERAGE PART. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – AUTOMATIC STATUS WHEN REQUIRED IN A WRITTEN AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II – Who Is An Insured** is amended to include as an additional insured any person or organization with whom you have a written agreement that such person or organization be added as an additional insured on your Coverage Part. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" but only to the extent caused, in whole or in part, by:
1. Your acts or omissions; or
 2. The acts or omissions of those acting on your behalf;
in the performance of your operations for an additional insured.
- B.** The insurance afforded to an additional insured shall only include the insurance required by the terms of the written agreement and shall not be broader than the coverage provided within the terms of the Coverage Part.
- C.** The Limits of Insurance afforded to an additional insured shall be the lesser of the following:
1. The Limits of Insurance required by the written agreement between the parties; or
 2. The Limits of Insurance provided by this Coverage Part.
- D.** With respect to the insurance afforded to an additional insured, this insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of an additional insured or any of its employees.

**THIS ENDORSEMENT CLARIFIES THE POLICY. PLEASE READ IT CAREFULLY.
SCHEDULE OF ENDORSEMENT CHANGES**

ADJ. NO. **001**

NAMED INSURED UNITED STATES TRAMPOLINE & TUMBLING ASSOCIATION	ADJUSTMENT DATE 02-06-26	POLICY NUMBER GCN0012596251
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IF THIS ENDORSEMENT IS LISTED IN THE POLICY DECLARATIONS, IT IS IN EFFECT FROM THE TIME COVERAGE UNDER THIS POLICY COMMENCES. OTHERWISE, THE EFFECTIVE DATE OF THIS ENDORSEMENT IS AS SHOWN ABOVE AT THE SAME TIME OR HOUR OF THE DAY AS THE POLICY BECAME EFFECTIVE.	COUNTERSIGNED BY: <hr/> AUTHORIZED REPRESENTATIVE
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COMMON POLICY FORMS AND ENDORSEMENTS

ILU 003	05-89	CHANGE DESCRIPTION
ILU 003	05-89	SCHEDULE OF ENDORSEMENT CHANGES

GENERAL LIABILITY FORMS AND ENDORSEMENTS

ECG 24 539	01-10	PRIMARY/NONCONTRIB - FOR NAMED ADDL INS
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY / NONCONTRIBUTORY – FOR NAMED
ADDITIONAL INSURED**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE
<p>Name of Person or Organization: BULLITT COUNTY PUBLIC SCHOOLS, 1040 HIGHWAY 44 E, SHEPHERDSVILLE, KY 40165</p>

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement)

The following is added to Section **IV – Commercial General Liability Conditions:**

1. If insurance similar to this insurance is held by the person or organization named above that is an additional insured on this policy, this insurance is primary to that other insurance only if that other insurance lists the person or organization as a named insured. We shall not seek contribution from that other insurance for amounts payable under this insurance performed for that person or organization under a written agreement. However, this insurance is excess over any other valid and collectible insurance, whether primary, excess, contingent or on any other basis, in which the person or organization named above is not listed as a named insured of that other insurance.
2. However, the provisions of this endorsement do not apply to the person or organization named above unless you had a specific written agreement with that person or organization requiring that:
 - a. This insurance be primary insurance; and
 - b. They be an additional insured on this policy; and
 - c. The written agreement must be signed prior to the date that your operations for that person or organization commenced.

The insurance afforded by this endorsement shall only include the insurance required by the terms of the written agreement but only to the extent that the person or organization named above is covered within the terms of this Coverage Part. The Limits of Insurance shall be the lesser of the Limits of Insurance required by the written agreement between the parties or the Limits of Insurance provided by this Coverage Part.