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

**Cutting Out Alzheimer’s**

NAME OF REQUESTING ORGANIZATION

**High School Gym**

AREA OF THE FACILITY

**Mary Beth Herndon/Lora Mae Sullivan** **Friday, July 29th and Saturday, July 30th**

PERSON SUPERVISING ACTIVITY DATE(S) REQUESTED

 TIME: **9am – 9pm each day**

 (Please specify AM or PM )

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

**This is a scrapbooking fundraiser event to help the organization Cutting Out Alzheimer’s raise money to further Alzheimer’s research**

Is the organization planning to conduct sales on school premises?YES

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

APPROXIMATE #OF PERSONS: **approx. 200**

[x]  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.

**Mary Beth Herndon/Lora Mae Sullivan** **511 Heritage Drive Sparta, KY 41086**

SIGNATURE OF PERSON MAKING Address

REQUEST ON BEHALF OF THE PHONE

ORGANIZATION Home **859-643-2218** Cell **859-866-1258**

DATE **March 10, 2011**

*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.** **Jon Jones**

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