GALLATIN COUNTY BOARD OF EDUCATION
600 MAIN STREET, P.O. BOX 147
WARSAW, KY 41095
Phone (859) 567-2828, Fax (859) 567-4528

# REQUEST FOR RENTAL/USE OF FACILITIES APPLICATION

Three Rivers District Health Department
NAME OF REQUESTING ORGANIZATION

Parking lot and paved roads around each school building for a 5K WALK/RUN RACE. Restrooms inside of the High School Lobby
AREA OF THE FACILITY

Dianne M. Coleman
PERSON WHO WILL BE PRESENT AND SUPERVISING THE ACTIVITY

May 20, 2011
DATE(S) THE FACILITY IS REQUIRED
FROM 5:00 A.M. P.M. TO 9:00 A.M. (P.M.)
PLEASE CIRCLE A.M. OR P.M.

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

Beginning:_____ and continuing through:_____

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

Gallatin County will be offering to the Community an opportunity to walk or run in a 5K (3.1 mile) race. The Course will consists of the paved roads throughout the School Campus. We will have participants park at the high school. We would like to have access to restrooms only at the high school. This is a non-profit event.

SCHOOL EQUIPMENT TO BE USED: NONE

APPROXIMATE #OF PERSONS: We had 100 participants in the race of 2010. There will be approximately 15 staff and volunteers also.

✓ I request waiver of the rental fee.

✓ I request waiver of the charge for custodian.

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.

Dianne M. Coleman
SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION

102 West Ward St.
Address
Warsaw, Ky 41095

3-17-11
DATE

Home 859-567-6102 Work 859-567-2844
TELEPHONE

AREA BELOW FOR OFFICIAL USE ONLY

BOARD CHAIRMAN
Roland Booth
PRINCIPAL'S SIGNATURE
_____APPROVED
_____DISAPPROVED

3/17/11
DATE

DATE

SUPERINTENDENT'S SIGNATURE DATE
_____APPROVED
_____DISAPPROVED

STIPULATIONS:_____

RETURN TO THE OFFICE OF THE SUPERINTENDENT, ADDRESS ABOVE