



**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:

DATE(S) OF ACTIVITY:

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: Spartans Youth football & cheer

PERSON(S) WHO WILL BE PRESENT & SUPERVISING THE ACTIVITY: Chris Lightner, Brad Hensley

NAME OF EVENT: Youth football

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 8:00 AM or PM TO 9:00 AM or PM

START TIME FOR SET UP: _____ END TIME FOR CLEAN UP: _____

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
 Aux Gym Lobby #14 Other, be specific

APPROXIMATE NUMBER OF PERSONS WHO WILL BE ATTENDING THE ACTIVITY: 500

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

Beginning Aug 15 and continuing through Oct 31

THE REQUESTED LOCATION(S) WILL BE USED FOR THE FOLLOWING ACTIVITY: Football & cheerleading
Concession area, Press Box

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

If yes, specify equipment: _____

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: concession food/non profit

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.

SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION: Chris Lightner

ADDRESS: 2518 Bethelville Pike, Villa Hills, KY

EMAIL: head.director@spartanyouthfootball.com

CELL: 859-866-7077

AREA BELOW IS FOR OFFICE USE ONLY

SITE IS AVAILABLE HS SECRETARY INITIAL

Approved Not Approved

PRINCIPAL'S SIGNATURE: [Signature]

DATE: 5/15/26

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/23/2026

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 Newman and Tucker Insurance 10 Town Center Blvd., Suite 1 Crestview Hills KY 41017		CONTACT NAME: Darla Hendrickson PHONE (A/C, No, Ext): (859) 441-2886 E-MAIL ADDRESS: dhendrickson@newmantucker.com		FAX (A/C, No): (859) 442-3313	
INSURED Spartan Boosters Inc. PO Box 176396 Covington KY 41017		INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Casualty and Surety Company of America INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 31194	

COVERAGES **CERTIFICATE NUMBER:** 25-26 Cert **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	ADD'L SUBR INSD. WVD.	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A	Directors and Officers		108320682	08/07/2025	08/07/2026	General Aggregate	\$1,000,000
						Employment Practices	\$1,000,000
						FISA Defense	\$150,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Inland Marine Policy - BMO63720781
 Football and Cheerleading Equipment - \$65,000 limit coverage
 \$500 deductible

CERTIFICATE HOLDER	CANCELLATION
Spartan Boosters Inc - Insureds Copy PO Box 176396 Covington KY 41017	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE <i>Darla Hendrickson</i></p>

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ACORD 25 (2016/03)

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