BEECHWOOD INDEPENDENT SCHOOL DISTRICT
BOARD OF EDUCATION

RENTAL/ USE OF FACILITY
Community Groups

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

TODAY'S DATE: 06/30/2026 DATE(S) OF ACTIVITY: 07/08/2026

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 ORGANIZTION: Trader Joe' s

PERSON(S) WHO WILL BE PRESENT & SUPERVISING THE ACTIVITY: Whitney Layman

NAME OF EVENT: Mate meeting

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 1045 ☐ AM or ☐ PM TO 1415 ☐ AM or ☐ PM.

START TIME FOR SET UP: 1040 **END TIME FOR CLEAN UP:** 1420

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: 12

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

Beginning _____ and continuing through _____.

THE REQUESTED LOCATION(S) WILL BE USED FOR THE FOLLOWING ACTIVITY: Trader Joe' s Management Tear

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

If yes, specifiy equipment: No

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:

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

21 Sunnymede Dr, Ft. Mitchell KY 41017
ADDRESS

Wnorton21@gmail.com
EMAIL

8597397649
CELL

AREA BELOW IS FOR OFFICE USE ONLY

SITE IS AVAILABLE. HS SECRETARY INITIAL _____

_____Approved _____Not Approved

PRINCIPAL'S SIGNATURE Date

✓ Approved _____Not Approved

SUPERINTENDENT'S SIGNATURE 6-30-26 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