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: 9/14/26 DATE(S) OF ACTIVITY: 9/23/26

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: Cub Scout Pack 367

PERSON(S) WHO WILL BE PRESENT & SUPERVISING THE ACTIVITY: Tara Johnson-Noem

NAME OF EVENT: Pack 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 6:00 ☐ AM or ☑ PM TO 7:00 ☐ AM or ☑ PM.

START TIME FOR SET UP: 5:30pm **END TIME FOR CLEAN UP:** 7:30pm

DOORS (TO BE KEPT OPEN DURING ACTIVITY IF APPLICABLE) (Please check or circle required entrances)

DOORS OPEN FROM: 5:30 - 7:30pm

☑ Elem Main Entry **#2** ☐ HS Entry **#10**
☐ Aux Gym Lobby **#14** ☐ Other, be specific

APPROXIMATE NUMBER OF PERSONS WHO WILL BE ATTENDING THE ACTIVITY: 70

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:

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

If yes, specifiy 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:

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.

Tara Johnson-Noem
SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION

22 Georgetown Drive
ADDRESS

tarajnoem@gmail.com
EMAIL

859-414-3011
CELL

AREA BELOW IS FOR OFFICE USE ONLY

SITE IS AVAILABLE. HS SECRETARY INITIAL_____

✓ Approved ____ Not Approved
PRINCIPAL'S SIGNATURE — Date 9/15/26

✓ Approved ____ Not Approved
SUPERINTENDENT'S SIGNATURE — Date 9-15-26

____ 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.