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

**Logan Houp**

NAME OF REQUESTING ORGANIZATION

**High School Auditorium**

AREA OF THE FACILITY

**Roxann Booth** **Wed. May 18**

PERSON SUPERVISING ACTIVITY DATE(S) REQUESTED

 TIME: **6:00 PM**

 (Please specify AM or PM )

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

**Benefit Concert for Victims in Japan.**

Is the organization planning to conduct sales on school premises?Choose an item.

SCHOOL EQUIPMENT TO BE USED: **Instruments and Microphone**

APPROXIMATE #OF PERSONS: **100**

[x]  I request waiver of the rental fee. Please X if applicable

[x]  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 $**n/a** Personnel Cost $ **na**

Insurance Cost $**na** Total Cost $**na**

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.

**Logan Houp/Roxann Booth** **GCHS**

SIGNATURE OF PERSON MAKING Address

REQUEST ON BEHALF OF THE PHONE

ORGANIZATION Home **enter text.** Cell **text.**

DATE **04/28/11**

*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.** **Click here to enter text.**

MARTHA SEBRING for Café Requests JON JONES/LINDA EDMONDSON for Gym Requests

**Keith Howard** **Roxann Booth**

KEITH HOWARD for Auditorium Requests PRINCIPAL

**Type signature here** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

SUPERINTENDENT BOARD CHAIR DATE