

## GALLATIN COUNTY BOARD OF EDUCATION

600 MAIN STREET, P. O. BOX 147

WARSAW, KY 41095

Phone (859) 567-2828, Fax (859) 567-4528

I have been established  
for 18 yrs. I have insurance

W/State Farm -

## REQUEST FOR RENTAL/USE OF FACILITIES APPLICATION

Katrina's School of Dance  
NAME OF REQUESTING ORGANIZATION

Gallatin County H.S. Auditorium  
AREA OF THE FACILITY

Katrina Bartley Barte  
PERSON WHO WILL BE PRESENT AND  
SUPERVISING THE ACTIVITY

May 22, 2011 (Sunday)  
DATE(S) THE FACILITY IS REQUIRED  
FROM 6 a.m. p.m. TO 8 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:

Dance Recital for 80 students

SCHOOL EQUIPMENT TO BE USED:

Microphone, lighting, room to change

APPROXIMATE # OF PERSONS: 80 students - 300 guests

\_\_\_\_\_ 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.

[Signature]  
SIGNATURE OF PERSON MAKING  
REQUEST ON BEHALF OF THE  
ORGANIZATION

7/29/11  
DATE

101 Delaware Way  
Address  
Candletown Ky 41008

502-836-3013 Cellphone  
Home Work  
TELEPHONE KBARTLEYREO  
BellSouth.net

## AREA BELOW FOR OFFICIAL USE ONLY

BOARD CHAIRMAN

DATE

PRINCIPAL'S SIGNATURE

DATE

SUPERINTENDENT'S SIGNATURE

DATE

APPROVED

APPROVED

DISAPPROVED

DISAPPROVED

STIPULATIONS:

RETURN TO THE OFFICE OF THE SUPERINTENDENT, ADDRESS ABOVE