



**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.

INSTRUCTIONS: To request the use of the cafeteria, either gym, high school classroom, kitchen, or any athletic field your request must start in the high school office to determine availability of the area requested. To request the use of an elementary classroom or any space located in the elementary, the elementary principal will determine the availability of the area 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: _____

PERSON(S) WHO WILL BE PRESENT AND
SUPERVISING THE ACTIVITY: _____

LOCATION(S) REQUESTED FOR ACTIVITY: ☐ Cafe ☐ Old Gym ☐ Auxillary Gym ☐ Lower Turf Field

☐ Upper Turf Field ☐ Field House Viewing Room ☐ Other: _____

☐ Kitchen-requires a Food Service staff member be present, requesting group is responsible for cost.

TIME OF ACTIVITY/EVENT: FROM _____ AM or _____ PM TO _____ 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: _____

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, 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: _____

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

ADDRESS

EMAIL

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

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,

05.31 AP.21