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: Saturdays (Nov 14th - Jan 9th)

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: Longhorn Softball

PERSON(S) WHO WILL BE PRESENT & SUPERVISING THE ACTIVITY: Don Hatridge

NAME OF EVENT: Winter Workouts

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: Barn

TIME OF ACTIVITY/EVENT: FROM 10:00A ☒AM or ☐PM TO 1:00P ☐AM or ☒PM.

START TIME FOR SET UP: 9:30A **END TIME FOR CLEAN UP:** 1:05PM

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: 15

IF THIS IS A CONTINUING REQUEST, INDICATE THE DURATION BELOW:
Beginning November 14th and continuing through January 9th.

THE REQUESTED LOCATION(S) WILL BE USED FOR THE FOLLOWING ACTIVITY: Softball related Winter Workouts

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.

SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION

natridge2@gmail.com
EMAIL

135 Thompson Ave Ft. Mitchell, KY.
ADDRESS

(859) 468-0885
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, Dir. Of Technology if heat/AC requested, & Athletic Dir. if athletic facility requested.

05.31 AP.21
UPDATED January 2025