

Indian Hill Exempted Village School District

6855 Drake Road Cincinnati, Ohio 45243

APPROVING AUTHORITY

FACILITIES REQUEST FORM

Date of Form: 9-6-18

A. Name of Organization: ☐ Boosters ☐ PTO ☐ IHPA ☐ IH Rec ☐ Scouts ☐ Foundation ☒ Other _____

Karate Club Contact Person: Mary Tons

Address: 4010 E Galbraith Rd.
C/O 45236

Phone: (513) 518-0872 Email: mary.tons@macKenwood.com

B. Building Requested: Indian Hill Primary

Portion of building to be used: Gymnasium

C.

Date(s) Requested	From (Time)*	To (Time)*	Hours
<i>Be sure to include time for set-up and clean-up: Specify time access needed</i>			
1. <u>9-13</u>	<u>3:30-4:15</u>		
2. <u>9-20</u>	<u>3:30-4:15</u>		
3. <u>9-27</u>			
4. <u>10-4</u>			

D. Number of persons using facility (each date): 1. 20-30, 2. 20-30, 3. 20-30, 4. 20-30

E. Purpose(s) for which facility is to be used Karate Club

F. Food - If involved, specify (for safe cleaning purposes): none

G. Special Instructions: gymnasium

H. This organization is a (check one) ☐ Resident or ☐ Non-resident group and (check one) ☐ profit or ☐ non-profit group.
(Resident Groups are those which have a majority of their members residing within the legal boundaries of Indian Hill School District.)

I. Designated Representative / Please Print

I, Mary C. Tons, agree to act as Designated Representative, as defined in the Indian Hill Board of Education Policy regarding Public Use of School Facilities ("Board Policy") for the organization above in connection with this application. I am acting as Designated Representative with the knowledge, approval and consent of the organization. I have read and I understand the Board Policy as well as the School Facility Rules and Regulations. The organization agrees to abide by its terms which are incorporated herein by reference.

Attached hereto is a certificate of Insurance indicating that the organization is currently covered by a liability insurance policy naming the Indian Hill Exempted Village School District ("District"), the Indian Hill Board of Education ("Board"), all individual members of the Board and all agents and employees of the District and the Board as additional insureds.

I agree to follow the School Facility Rules and Regulations attached with this page.

Email: mary.tons@macKenwood.com

Signed: [Signature]

Address: 4010 E. Galbraith Rd.
Cincinnati OH 45236

Phone(s): 513-518-0872

Home

Cell

Business

APPROVAL: (See Item "B")

Auditorium Coordinator Date: _____

Athletic Director Date: _____

District Calendar Coordinator Date: _____

[Signature] 9/6/18
Building Principal Date: _____

Assistant Principal Date: _____