## Indian Hill Exempted Village School District

6855 Drake Road

Cincinnati, Ohio 45243

Date of Form:

APPROVING AUTHORITY

## **FACILITIES REQUEST FORM**

		Contact Perso	on:	
Address:				
Phone: ()		Email:		
Building Requested:				
Portion of building to be used:				
Date(s) Reques		From (Time)*	To (Time)*	Hours
	Be sure to i	include time for set-	up and clean-up: Spec	cify time access nee
1				
2				
3				
4				
N	d-t-\. 1	2	2	4
Number of persons using facility (ea				
Purpose(s) for which facility is to be				
Food - If involved, specify (for safe cle	aning purposes):			
Special Instructions:				
(Resident Groups are those which have	e a majority of their			
(Resident Groups are those which have Designated Representative / Please I.	e a majority of their Print	members residing within	the legal boundaries of Inc	dian Hill School District.
(Resident Groups are those which have Designated Representative / Please I, Indian Hill Board of Education Policy rewith this application. I am acting as I have read and I understand the Board Residuely I have read and I understand the Board Residuely I have read and I understand the Board Residuely I have read and I understand the Board Residuely I have read and I understand the Board Residuely I have read and I understand the Board Residuely I have read and I understand the Board Residuely I have read and I understand the Board Residuely I have read and I understand the Board Residuely I have read and I understand I have read and	re a majority of their Print egarding Public Use Designated Represent Policy as well a	, agree to generative with the knowles the School Facilities.	the legal boundaries of Inco o act as Designated Repres rd Policy") for the organizatedge, approval and conse	dian Hill School District.  sentative, as defined in tion above in connection to of the organization.
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