Franklin Public Schools Application for Use of School Facilities

This form should be emailed to the Building Use Coordinator. In addition to the completed form, please submit the following:

• Diagram or description of any special room setup, • Certificate of Insurance (If Applicable) • Anti- Hazing Form (If Applicable)

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Important: Refer to Rate Sche	dule and District Ru	les and Regulations, before completing	g this application. Submit application at			
		oplication and certificates to: Steven Y				
		or you can mail it to 628 Washington	_			
☐ I have read the Community Use of JICFA and agree to abide to all of the		(F, District Rules and Regulations - File KF-E1, Th	e District No Smoking Policy - File CN, Hazing File-			
by checking this box I affirm that	=	does not	discriminate in its programs or activities on the			
			ex or gender, gender identity and/or expression			
(including a transgender identity), sex federal, state or local law.	ual orientation, military	or veteran status, genetic information, or any o	ther characteristic protected under applicable			
Name of Organization						
Name of Contact						
Address						
Phone Number	Cell Phone Number:					
Email Address		<u> </u>				
Date Submitted						
	T					
I/WE REQUEST USE OF THE:						
(specify: cafeteria, gymnasium	ر، classroom, ground	is, etc.)				
At which School						
For the purpose of:						
	ıblic Schools Buildin	g Use Policy, please describe how this	event will benefit citizens of Franklin.			
Click here to enter text.						
Dates Requeste	d	Day of the Week	Time: From/To			
Dates Requeste	u	Day of the week	Time. From/10			
Number of Attendees:						
entering a building for an ever	nt, a custodian will l	equires that all exterior doors be locked et the group leader into the building. A others in. Doors are not to be propped	After the initial entry, an adult designee			
Name of Group Leader:						
Name of Door Monitor:						

Police are required for all non-school events with an estimated attendance exceeding 100; Police detail expenses are payable directly to the Town of Franklin, Franklin Police Department. The renting organization will notify the police department to provide an officer.

What time is a cafeteria worker needed: From To: # Of Tables Needed : # of Chairs Needed: # Of Chairs Needed: # of Chairs Needed: Podium	Is food being served:		Sponsors are responsible for \square No		chen area needed:	uipment. □Yes	□No		
# Of Tables Needed: Podium		worker n	eeded: From					_	
Podium Yes No Audio Yes No Needed				# of Chai					
Please list any other special requests of equipment or services not listed above. Also please describe any unique or unusual special effects planned. Click here to enter text. Diagram / description of special room setup attached: \(\text{ Yes No} \) Please note: Custodial time will be determined by the Facilities Department IMPORTANT: Please be aware that NO FOOD OR DRINK is allowed in any auditorium or gym. You must assign a person who is responsible for monitoring this policy. Applicant understand policy (please check here) \(No No No No No No No N		□No	Audio UVos UA			Lighting			
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wasnington Street; Franklin, IVIA UZUSB, Email aggress: Vavarows/wtranklin.K1/.ma.us - Duestions regarding fees should also be		-			=	-	-		

Cancellation: Notification is required 10 days prior to the date of the event in order to receive a full refund. Contact the Building Use Coordinator (508) 541-2130 Ext 1002 and the Facilities Department at 508-613-1700

directed to the Building Use Coordinator. . If applicable, please be sure a diagram or description of any special room setup

requirements and a Cert. Of Insurance listing the "Town of Franklin" as the additional insured is attached.