

SAU 18 - REQUEST FOR USE OF SCHOOL FACILITIES

Name of Organization: _____ Event Date: _____
 Email Address: _____ Contact Name: _____
 Contact Address: _____ Contact Phone: _____
 Building needed: PSS FMS FHS Hours: From _____ to _____
 Purpose of Event: _____ Admission Charged \$ _____
 Space Needed: Library Cafeteria Kitchen Gym Grounds Classrooms
 How Many Chairs? _____ Bleachers in or out? _____ Percent of Franklin students involved in activity? _____
 How many tables? Describe table layout? _____
 Specify any equipment required _____

***** If technology equipment is needed, the applicant must submit an IT Help Desk Request with specific needs.***

NOTICE TO ALL APPLICANTS GRANTED USE OF SCHOOL FACILITIES

The Applicant agrees to observe all regulations relating to the use of school facilities, including but not limited to RSA 126 K:7 (Use of Tobacco Products on Public Educational Facility Grounds Prohibited), and to reimburse the school district if any damage is done. The applicant acknowledges and agrees to comply with Policy KG and failure to comply **will** result in the forfeiture of the deposit.

The school district PREMISES LIABILITY insurance **will not** cover the organization using the premises or its individual members. You must affix proof of liability insurance to this application

Date: _____ Signed: _____

TO BE COMPLETED BY SUPERINTENDENT'S OFFICE

The following fees will be charged, to be paid to the Superintendent's office upon approval of this application:

Gymnasium @ _____ = _____	Kitchen @ _____ = _____	Custodian @ _____ = _____
Cafeteria @ _____ = _____	Grounds @ _____ = _____	Library @ _____ = _____
Classrooms @ _____ = _____	Other Staff @ _____ = _____	Security Deposit \$ _____

Building Principal:	<input type="checkbox"/> Approves <input type="checkbox"/> Denies request	Date: _____ Initials: _____
Athletic Director:	<input type="checkbox"/> Approves <input type="checkbox"/> Denies request	Date: _____ Initials: _____
Building/Grounds Director:	<input type="checkbox"/> Approves <input type="checkbox"/> Denies request	Date: _____ Initials: _____
Food Service Director:	<input type="checkbox"/> Approves <input type="checkbox"/> Denies request	Date: _____ Initials: _____
Technology Director:	<input type="checkbox"/> Approves <input type="checkbox"/> Denies request	Date: _____ Initials: _____
Superintendent:	<input type="checkbox"/> Approves <input type="checkbox"/> Denies request	Date: _____ Initials: _____

Comments: _____

Copies should be given to: Building & Grounds Principal SAU Office Custodians Applicant
If applicable, a copy should be given to: Athletics Technology Food Service