

FRANKLIN SPECIAL SCHOOL DISTRICT

507 New Highway 96 West

Franklin, TN 37064

REQUEST FOR USE OF FACILITIES

This is an agreement between the Franklin Special School District Board of Education and _____ for the use of _____

(Organization)

(Location)

on _____ and _____.

(Dates)

(Times)

The function for which this agreement is entered into will be _____.

(Activity)

I understand the following requirements are necessary before my application for use of this building can be approved.

- 1. In order to facilitate scheduling, the Franklin Special School District requests thirty (30) days notice prior to use of buildings or facilities.
2. The initial rental fee for the building is \$45.00, which includes the first three (3) hours. A fee of \$15.00 per hour is charged for each hour thereafter.
3. The minimum custodial fee is \$75.00. After the first three (3) hours, a fee of \$25.00 per hour is charged.
4. The Franklin Special School District will invoice all fees for building rental and custodial services. NO FUNDS SHALL BE PAID INDIVIDUALLY TO ANY EMPLOYEE FOR USE OF FACILITIES!
5. I must furnish with this application a Certificate of Insurance at least two (2) weeks prior to use of this facility, showing the following coverage: Minimum liability limits of \$500,000 each occurrence and \$500,000 aggregate limits, including the Franklin Special School District as an additional named insured.
6. I will be responsible for leaving the building and/or grounds clean and in good order. I understand that I am responsible for any damage or breakage to this facility not otherwise covered by insurance. I will personally be responsible for the amount of any deductible for physical damage to real or personal property belonging to the Franklin Special School District.
7. Building entry and custodial services will be arranged with the building administrator two (2) weeks prior to use of the facility. I will be in contact with the Principal of this school to work out details.
8. I understand that alcoholic beverages, drugs, profanity, gambling and tobacco usage are not allowed on the premises.
9. The operation of any of the Automatic External Defibrillators (AED) in the buildings is strictly at the risk of the organization or individual(s) using the facilities.
10. An approved copy of this Request will be returned to the School Principal and the Organization.
11. Other _____

Date _____ Signature _____ Printed Name _____

Home Telephone _____ Work Telephone _____ Fax _____

Address (Required) _____

The Franklin Special School District does not discriminate on the basis of race, color, national origin, sex, veteran status, political affiliation, religion, disability or age.

(REVERSE SIDE - FSSD USE ONLY)

FSSD USE ONLY:

.....

THE ABOVE NAMED SCHOOL IS AVAILABLE FOR USE ON THE DATES REQUESTED:

YES _____ NO _____

COMMENTS: _____

_____ DATE _____
PRINCIPAL

.....

APPLICATION REQUIREMENTS HAVE BEEN COMPLETED:

YES _____ NO _____

COMMENTS: _____

_____ DATE _____
MAINT/TRANS SUPERVISOR

.....

USE OF FACILITY REQUEST:

APPROVED _____ DENIED _____

COMMENTS _____

_____ DATE _____
ASSISTANT DIRECTOR FOR FINANCE AND ADMINISTRATION

_____ DATE _____
DIRECTOR OF SCHOOLS