

FRANKLIN COUNTY SCHOOL DISTRICT  
APPLICATION FOR USE OF CERTAIN SCHOOL FACILITIES

Date \_\_\_\_\_

Name of Person Making Application \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Organization \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone \_\_\_\_\_

School Facility Wanted \_\_\_\_\_ Date Wanted \_\_\_\_\_

Reason for wanting to use the facility:

\_\_\_\_\_  
\_\_\_\_\_

Name of Person to be in charge \_\_\_\_\_ Telephone \_\_\_\_\_

Will admission be charged? \_\_\_\_\_ Will funds be solicited? \_\_\_\_\_

Will food & drinks be sold or served? \_\_\_\_\_

Will merchandise be sold? \_\_\_\_\_

Length of use \_\_\_\_\_ Hours opening time \_\_\_\_\_ Closing Time \_\_\_\_\_

Estimated number of participants \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_

Will emergency personnel be used? \_\_\_\_\_ yes \_\_\_\_\_ no

Amount to be paid \_\_\_\_\_

I certify that the information given above is true to the best of my knowledge. This agreement is non-transferable.

Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance must be obtained in order to use facility.

Applicant's Signature \_\_\_\_\_

Superintendent's Approval \_\_\_\_\_ Date \_\_\_\_\_

President, Franklin County Board of Education \_\_\_\_\_

Date of Board Approval \_\_\_\_\_

BEGINNING SEPTEMBER 1, 2002, ALL RENT MUST BE PAID BEFORE EVENT

PROOF OF INSURANCE MUST BE PROVIDED BEFORE EVENT OCCURS.