

## **Franklin Public Schools Application for Use of Pisani Field**

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)

**Important:** Refer to Rate Schedule and District Rules and Regulations, before completing this application. **Submit application at least 15 days prior to request date(s).** Email the application and certificates to: Steven Yavarow, Building Use Coordinator, Franklin Public Schools, [yavarows@franklinps.net](mailto:yavarows@franklinps.net) or you can mail it to 628 Washington Street, Franklin, MA 02038

☐ I have read the Community Use of School Facilities - File KF, District Rules and Regulations - File KF-E1, The District No Smoking Policy - File CN, Hazing File-JICFA and agree to abide to all of the rules and regulations.

☐ by checking this box I affirm that \_\_\_\_\_ does not discriminate in its programs or activities on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability or handicap, sex or gender, gender identity and/or expression (including a transgender identity), sexual orientation, military or veteran status, genetic information, or any other characteristic protected under applicable federal, state or local law.

<b>Name of Organization:</b>			
<b>Name of Contact:</b>			
<b>Address:</b>			
<b>Phone Number:</b>		<b>Cell Phone Number:</b>	
<b>Email Address:</b>			
<b>Date Submitted:</b>			

<b>Dates Requested</b>	<b>Day of the Week</b>	<b>Time: From/To</b>
<b>Number of Attendees:</b>		

For the purpose of:

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In accordance with Franklin Public Schools Building Use Policy, please describe how this event will benefit citizens of Franklin.

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**Areas / Equipment Requested:**

<b>Snack Bar:</b>	<b>Lights:</b>	<b>Sound System:</b>	<b>Press Box:</b>	<b>HM Locker Room</b>	<b>Men</b>	<b>Women</b>
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If requesting the concession stand, please include the following information:

<b>ServSafe Certificate Holder:</b>	<b>ServSafe Certificate #</b>
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**Police are required for all non-school events with an estimated attendance exceeding 100; Police detail expenses payable directly to the Town of Franklin, Franklin Police Department. The organization will notify the police department to provide an officer.**

**Special Services and Equipment** Sponsors are responsible for the safe operation of all school equipment.

# Of Tables Needed :

# of Chairs Needed:

Please list any other services or equipment not listed above:

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**Please note:**

- Custodial time will be determined by the Facilities Department
- No vehicles, motorized equipment, or animals ( except service dogs) will be allowed on the field
- To ensure the interest of the school, a "Site Director" from the schools may be required to be present during the event at an additional charge. In the event of damages resulting caused by the renting organization, the site director will notify the organization of the damage the day after the event and the renting organization will held financially be responsible for the damages.

**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 at 508 541-2130 X 1002 and the Facilities Department at 508-613-1700.

The signing of this application shall constitute an agreement to all regulations governing use of school facilities and to accept full responsibility for damage to or loss of school property and for payment of all fees assessed for such use.

**When police, theatre technicians, custodians, equipment operators or other personnel are required, fees for such personnel will be paid by the renting organization. All fees are due upon invoice.**

**IN THE EVENT OF A SCHOOL CLOSING OR EARLY DISMISSAL DUE TO INCLEMENT WEATHER AND/OR AN EMERGENCY, ALL EVENTS ARE CANCELED. THE SPONSOR WILL BE RESPONSIBLE FOR NOTIFYING PARTICIPANTS. EXTENUATING CIRCUMSTANCES MAY BE CONSIDERED BY THE SUPERINTENDENT/DESIGNEE WHEN MAKING A DECISION ABOUT OPENING A BUILDING.**

**ADDITIONAL COSTS MAY INCUR TO OPEN THE FACILITY.**

Applicant Name(Print):

Signature of Sponsor:

Approved/Disapproved: \_\_\_\_\_  
Building Use Coordinator Signature and Date

Approved/Disapproved \_\_\_\_\_  
Principal Signature and Date