

Franklin Public Schools Application for Use of the Thomas Mercer Auditorium at Horace Mann

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@franklin 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.

Name of Organization			
Name of Contact			
Address			
Phone Number		Cell Phone Number:	
Email Address			
Date Submitted			

☐ I/WE REQUEST USE OF THE AUDITORIUM AND THE FOLLOWING ROOM(S):

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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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Dates Requested	Day of the Week	Time: From/To

Number of Attendees:	Click here to enter text.
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Safety and Security

Our security policy requires that all exterior doors be locked at all times. When your group is entering a building for an event, a custodian will let the group leader into the building. After the initial entry, an adult designee of the group will need to monitor the door to let others in. Doors are not to be propped or pegged open at any time.

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.

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

# Of Tables Needed :		# of Chairs Needed:					
Podium Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Audio Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Video Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lighting Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list the specifics of audio and video set-up along with any other services or equipment not listed above:

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Diagram / description of special room setup attached: ☐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 the auditorium. *You must assign a person who is responsible for monitoring this policy. Applicant understand policy (please check here)* ☐

Name of Food/Beverage Monitor:	
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Sound Services

Franklin Public Schools requires that you utilize a trained operator from a certified list provided by the school department. The applicant is responsible for making direct contact and payment to the trained operator. Please indicate which person from the certified list that you will be utilizing for your event.

Operator Name: _____ Telephone: _____

Address: _____

Stage Lighting Services

Will you require stage lighting other than house lights and full-on stage lights? Yes ☐ No ☐. *Franklin Public Schools requires that you utilize a trained operator from a certified list provided by the school department. The applicant is responsible for making direct contact and payment to the trained operator. Please indicate which person from the certified list that you will be utilizing for your event.*

Operator Name: _____ Telephone: _____

Address: _____

Stage Manager

Please provide the name, address, and telephone number of your Stage Manager:

Name: _____ Telephone : _____

Address: _____

IMPORTANT: Please be reminded that NO FOOD OR DRINK is allowed in the auditorium. It is your responsibility to insure that this does not happen. *Applicant initial here*

IMPORTANT: Use of the auditorium light and sound systems without an FPS approved operator is strictly prohibited. The applicant will be responsible for any damage to lighting or sound equipment if light and sound equipment is utilized without an FPS approved operator. *Applicant initial here*

Describe any unique or unusual special effects planned for your event:

Do you have any other requests not covered above? Yes ☐ No ☐ If yes, please describe in detail :

Questions regarding fees should be directed to Steven Yavarow, Building Use Coordinator, at Remington Middle School 508-541-2130 Ext. 1002.

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 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, stage manager(s), cafeteria staff, 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

