

Franklin Regional School District Facilities Request Form

Zack Kessler - Director of Athletics and Student Activities

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Murrysville, PA 15668

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Building Requested: _____

Facility Requested (mark with an X):

Gymnasium _____ Athletic Field (specify) _____
Swimming Pool _____

Equipment (specify): _____

Additional requests: _____

Dates to be used: _____

Time: FROM: _____ am _____ pm **TO:** _____ am _____ pm

Name of Organization: _____

Nature of program request: _____

Number of people expected: _____

Certification of Liability coverage

Please Attached Copy _____

I (we) agree to abide by all the attached policies and regulations as established by the Board of School Directors for the use of the facility requested. The School District assumes no responsibility for accidents that may occur.

Date: _____ **Signature:** _____

Title or Position: _____

Address: _____

Home Phone: _____ **Business Phone:** _____

Cell Phone: _____

Name of Supervisor at the event: _____

Phone Number of person at event: _____

****THIS APPLICATION MUST BE SUBMITTED AT LEAST FIFTEEN (15) DAYS PRIOR TO THE DATE OF INTENDED USE. PLEASE MAIL TO ZACK KESSLER AT THE ABOVE ADDRESS.****