



BENJAMIN FRANKLIN HIGH SCHOOL

50 Years of Continued Excellence

Facility Use Form

Due to AAEE insurance requirements, all events which bring in people who are not Franklin staff, students, parents or alumni must be scheduled through the Facility Manager. Please contact Robin Morris to schedule events and receive a quote on all charges. She may be reached by calling: 286-2600, by FAX: 286-2642, or by e-mail: robin.morris@benfranklinhighschool.org

Date(s) of Event _____ SU M T W TH F S Date of Request _____

Time Event Begins _____ Set-up Time Begins(access) _____

Time Event Ends _____ Actual Time of Leaving (take-down) _____

Type of Event/Purpose _____

Sponsoring Group _____ Contact Person _____ Phone _____

Please note: We wish your event to run smoothly. Electronic and overhead equipment are *not* generally available. Circle area of need and list special needs or instructions; be specific.

Auditorium (available: microphone, podium, screen, tables) _____

NOTE: DRESSING ROOMS ARE NOT AVAILABLE

Band/Choral Room _____

Cafeteria _____

Classroom(s) (list rooms) _____

Courtyard _____

Foyer _____

Gym _____

Library _____

Approximate Costs:

Custodian (must be paid for any time beyond regular hours – 4 hour minimum if not connected to regular school day)

Name : _____ Time to be Worked: _____

Overtime Hours _____ X _____ (Rate of Pay) = _____

Security (needed for large groups – 4 hour minimum)

Name : _____ Time to be Worked: _____

Overtime Hours _____ X _____ (Rate of Pay) = _____

Alarm System Monitor (needed when auditorium is used – 4 hour minimum if not connected to a regular school day)

Name : _____ Time to be Worked: _____

Overtime Hours _____ X _____ (Rate of Pay) = _____

Auditorium Technician (needed when auditorium is used – 4 hour minimum if not connected to a regular school day)



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Name: _____ Time to be Worked: _____

Overtime Hours _____ X _____ (Rate of Pay) = _____

Air/Heat Engineer (necessary when not fully sponsored by Franklin, after 7:00p.m. weekdays or on weekends)

Name: _____ Time to be Worked: _____

Overtime Hours _____ X _____ (Rate of Pay) = _____

Approved: _____
Dr. Timothy Rusnak

Copies to: Sponsor() Custodian() Security() Assist. Prin.() Librarian() Theater Teacher() Cafeteria() Business Office()