

COMMUNITY ROOM USE APPLICATION

Reservation, Insurance, and Liability Form

Franklin Township Trustee’s Office-Community Room

Please read the Community Room Use Policy before completing this form.

Date of Application: _____

Name of Group: _____

Contact Person: _____ **Phone:** _____

Name of person(s) supervising event (if different than above):

Address: _____

Program Information:

Date(s) of the event: _____ **Hours:** _____

Type of Activity: _____

Expected Attendance: Adults _____ **Children** _____

We have read and agree to abide by the Franklin Township Trustee’s policies and procedures governing the use of the Township Community Room. We also agree to defend and hold harmless and indemnify the Franklin Township Trustee and any of its employees or agents from any claims, suits or other actions arising from, caused by, or which are the result of any alleged act or omission of any organization, corporation, guest, invitee, licensee, visitor or other person present on the Township Trustee’s premises for the purpose of participating in, organizing, assisting, enjoying, supervising or in any other way furthering the activity to be held (as described above) on the date(s) listed above. The undersigned is authorized to execute this agreement on behalf of this organization.

You will be contacted by Franklin Township staff to confirm your application. If you have questions please contact Debbie Civils at 317-780-1700 ext. 103, or dcivils@franklintwpmc.org.

Signature of Applicant: _____

Date: _____

Approved: _____

Date: _____