

APPLICATION FOR USE OF SCHOOL FACILITIES

REVISED 8/18/08

BOARD OF EDUCATION – JEFFERSON TOWNSHIP
28 BOWLING GREEN PKWY, LAKE HOPATCONG, NJ 07849

Date of Application: _____ **School Requested:** _____

INSTRUCTIONS: The following information must be completed and submitted by each organization desiring to obtain use of the Township Public School facilities. Return to the building principal. Do not omit any required information. **THIS FORM MUST BE SUBMITTED TEN BUSINESS DAYS BEFORE DATE NEEDED.**

Please note: All organizations will be charged Custodial/Facilities Fees in accordance with Board Policy #7510 and related Regulations.

Date(s) requested _____ Day of Week _____ Check if reverse side is used _____

Set up time: _____ **To** _____ **Start time:** _____ **To** _____
(am/pm) (am/pm) (am/pm) (am/pm)

Rooms or facilities applied for (i.e. Auditorium, ****Kitchen**, Classroom, Media Center, etc):

ASSIGNED PARKING FOR HS/MS EVENT

Type of activity to be conducted: _____ A – ATHLETIC MAIN LOT
_____ B – CONNECTOR LOT (BETWEEN SCHOOLS)
Number of persons expected to attend: _____ C – MIDDLE SCHOOL LOT

Admission Charge _____ Disposition of Proceeds _____

AGREEMENT: It is understood, that we will control and limit access to the building only to those people that have a legitimate purpose for being in attendance and will assume responsibility for the proper supervision of same. We acknowledge that the use of **alcohol** and **smoking** is **prohibited**. **No children/students should be left unattended.** We understand and will abide by the Board of Education Policy #7510 and Regulations and that any infraction may cause immediate cancellation of the use of the school facility. The sponsor shall assume full liability for any and all damage to school district property, and for all claims resulting from accident, theft or any other cause.

CERTIFICATE OF INSURANCE MUST BE ATTACHED, OR ON FILE AT THE BOARD OFFICE BEFORE APPROVAL IS GRANTED. Attached _____ On File _____

PLEASE PRINT

Name of Organization: _____

Name and Address of Representative: _____

Telephone Numbers: Home _____ Cell: _____

Signature of Recreation Director (when applicable) _____

Signature of Representative _____

APPROVED:

Principal: _____ **Date:** _____ **Athletic Director:** _____ **Date:** _____

Business Administrator: _____ **Date:** _____ **Tier:** _____ **Calendar Coord:** _____

****Use of Kitchen must follow Federal Guidelines, in accordance with Board Policy #7510.**

Comments/Restrictions _____

DENIED: **Principal:** _____ **Date:** _____ **Athletic Director:** _____ **Date:** _____

