

**OFFICE OF THE SUPERINTENDENT
BYRAM TOWNSHIP SCHOOLS
APPLICATION FOR THE USE OF SCHOOL FACILITIES**

Name of Organization _____ Date _____

Names(s) of Sponsor _____

Name of the individual person held responsible for enforcing rules of the board of education:

If this request is for more than one date, list the person(s) who will be in attendance and who will be held responsible for enforcing all rules of the board of education on each date:

Facility requested _____
(school) _____ (room)

Purpose for which facility requested _____

Dates of use _____ Time of use _____
(from) (to)

Requests for special equipment should be specifically stated (piano, special lights, public address system). If note, indicate by writing "none".

Will there be an admission charge? Yes__ No__ If "yes", how will the proceeds be used?

Estimated attendance _____ Certificate of Insurance included? Yes __ No __

The certificate of insurance must be on file with the Superintendent's Office prior to the date of use and must indicate the following: minimum protection \$500,000 single limit.

I have read and understand the policy of the board of education and rules and regulations for the use of school facilities and hereby agree to enforce them. I further agree to be responsible for any damage arising from the use of these facilities.

Signature of Sponsor _____

Address of Sponsor _____

Telephone Number _____

Approved _____ Date Approved _____
(Superintendent)

Custodial Charges _____ Cafeteria Charges _____ Other Charges _____

Total Charges _____ Payment Received _____

NOTE: All activities must be over and all persons out of the building by 11:00 P.M. unless extended by permission of the board of education.