

APPLICATION FOR USE OF SCHOOL FACILITIES
SALEM CITY PUBLIC SCHOOLS, SALEM, NEW JERSEY 08079

Date of Application _____
(MUST BE SUBMITTED 8 WEEKS PRIOR TO EVENT)

REQUEST is made for the use of

SCHOOL _____ ROOM _____ DATE _____

Times Requesting FROM: _____ AM or PM TO: _____ AM or PM

Event Start Time: _____ Event End Time: _____

Purpose/Nature of Event _____

Non-Profit YES NO (please circle one)

If YES, Please have your 501C document including state issued ID at the time of submission

Expected Attendance _____ Open to Public? () Yes () No

Adult Chaperones to be in Attendance _____

*Attach a list of names, addresses, and telephones number of those chaperones/supervisors who plan on attending the event.

Admission Fee or Donation charged? () Yes \$ _____ () No
 Amount

If so, what will net proceeds be used for? _____

Security Needed? _____ **EACH ORGANIZATION IS RESPONSIBLE FOR PROVIDING THEIR OWN SECURITY
 PLEASE REFER TO TOWN ORDINANCE LAWS**

Equipment Needed _____

NOTE: If technology equipment is requested an additional fee may be added for operator.

***IT IS MANDATORY THAT EACH ORGANIZATION USING ANY SCHOOL FACILITIES
 BE COVERED BY THEIR OWN LIABILITY INSURANCE WITH MINIMUM LIMITS***

OF:

**BODILY INJURY \$1,000,000 PROPERTY DAMAGE \$1,000,000
 or SINGLE LIMIT LIABILITY \$1,000,000**

A CERTIFICATE OF INSURANCE MUST BE SUBMITTED WITH THE APPLICATION PRIOR TO APPROVAL.

Name of Organization: _____

Person Responsible: _____ (PLEASE PRINT) Signature of Person Responsible: _____

Address of Person Responsible: _____

Telephone Number of Person Responsible: _____

***NOTE: ALL FACILITY USE REQUESTS ARE NOT APPROVED UNTIL
 VOTED ON BY SALEM CITY BOARD OF EDUCATION***

Fees:	Custodial
Auditorium \$350 per day	Regular \$15.00 per hour
Cafeteria\All Purpose Room \$100 per day (Use of kitchen would be an additional charge)	Weekend \$25.00 per hour
Gymnasium \$150 per day	Holiday \$50.00 per hour
Classroom \$65 per day	
Pending Board Approval-If money donated to Salem City students exceeds rental amount facility charges may be waved	
A DEPOSIT OF 50% IS REQUIRED AT THE TIME OF APPLICATION AND PAYMENT IN FULL PRIOR TO THE EVENT	

Office Use Only

Date Received

Initials

Received Proper Certificate of Insurance

Received Proper 501C including State ID

Security completed

Building Principal

Superintendent

Date sent to Principal _____

Date sent to Superintendent _____

Fees to be paid:

Rental \$ _____

Janitorial Services \$ _____

Other \$ _____

TOTAL CHARGE \$ _____

Signed _____
Business Manager/Board Secretary

Will be presented at Board Meeting being held on: _____

REQUEST IS

APPROVED

DENIED

Any user signing this application agrees to this condition of use and further agrees that he/she HAS READ AND UNDERSTOOD AND RECEIVED A COPY of the Salem City Board of Education Policy 1330 AND 1410 and will abide by all rules, regulations, and stipulations of that policy and be responsible for seeing that all fees are paid to the Salem City Board of Education as outlined.

Person Responsible (Final Signature)

TO BE COMPLETED BY OPERATIONS

Janitor assigned _____

Time Building is to be opened _____ Time Building is to be closed _____

FINAL APPLICATION DISTRIBUTION LIST

- Original –Business Administrator
- Superintendent
- School Principal
- Cafeteria
- Operations