

**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 Over 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***

**FINAL APPLICATION DISTRIBUTION LIST**

Original –Business Administrator  
Superintendent  
School Principal  
Cafeteria  
Operations

**FEE SCHEDULE+**

Auditorium	\$350.00 per day
Cafeteria/All Purpose Room	\$100.00 per day Use of Kitchen is an additional charge
Gymnasium	\$150.00 per day
Classroom	\$65.00 per day
Athletic Field (Does not include police protection, field preparation, custodian or grounds worker costs, press box, concession stand, lavatory)	\$400.00 basic charge Over 4 hours: \$100.00/hr
Press Box	\$200.00
Concession Stand	\$200.00
Field Striping	\$250.00
Custodial – Regular	\$15.00 per hour*
Custodial – Weekend	\$25.00 per hour*
Custodial – Holiday	\$50.00 per hour*

\*Will be adjusted upon settlement of contract

+ If money donated to Salem City students exceeds rental amount facility charges may be waived, pending Board approval.

**A DEPOSIT OF 50% IS REQUIRED AT THE TIME OF APPLICATION AND PAYMENT IN FULL PRIOR TO THE EVENT.**

**Business Office Use Only**

	Date Received	Initials
<u>Received Proper Certificate of Insurance</u>	_____	_____
<u>Received Proper 501C including State ID</u>	_____	_____
<u>Security completed</u>	_____	_____

\_\_\_\_\_  
Building Principal

\_\_\_\_\_  
Superintendent

**Fees to be paid:**

Rental	\$ _____	Janitorial Services	\$ _____
Other	\$ _____	<b>TOTAL CHARGE</b>	<b>\$ _____</b>

Signed \_\_\_\_\_  
Business Manager/Board Secretary

Will be presented at Board Meeting being held on: \_\_\_\_\_

REQUEST IS

☐

APPROVED

☐

DENIED