

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	\$ _____	TOTAL CHARGE	\$ _____

Signed _____
Business Manager/Board Secretary

Will be presented at Board Meeting being held on: _____

REQUEST IS APPROVED DENIED