

904 Mullica Hill Road
PO Box 112

South Harrison Township School District
APPLICATION FOR USE OF FACILITIES

(856) 769-0855

Date of Application: _____

Sponsoring Organization _____

Address: _____

Dates(s) Requested: _____

(List All Dates, Use Additional Paper If Needed)

Time: _____ Alternatives: _____

Nature Of Activity: _____

Facilities Requested: (Check All That Apply:)

Kitchen	_____	MultiPurpose Room	_____
Classroom(s)	_____	Playing Fields	_____
Cafeteria	_____		

Special Set-Ups Needed: _____

Equipment Needed: _____

Chaperones: (Please List At Least One)

Name:	_____	Phone:	_____
Name:	_____	Phone:	_____
Name:	_____	Phone:	_____

Estimated Fees (If Any): _____

******SMOKING IS PROHIBITED ANYWHERE IN THE BUILDING AND ON SCHOOL GROUNDS******

*****KITCHEN USE (1) No Children In The Kitchen (2) Kitchen Must Be Clean (3) Responsible For All Damages*****

A CERTIFICATE OF INSURANCE MUST ACCOMPANY THIS APPLICATION

The authorized representatives shall assume the responsibility of seeing that their organization adheres to the School Board's policies and regulations. The Board of Education will assume no liability for the loss, damage or personal injury occurring through the use of facilities as requested in this application. Facilities and equipment must be restored to the same place and condition as found. The Board of Education reserves the right to cancel standing dates at their discretion.

Signature of Responsible Persons/Officials: _____

Contact Person's Phone Number: _____

Other Persons Involved: _____

The responsible officials must assume responsibility for familiarizing chaperones all rules and regulations.

Permission Granted: _____ Permission Not Granted: _____

Notification Given By: _____ (Mail)
_____ (Phone)

Custodian Assigned: _____ Charges (If Any): _____

Chief School Administrator's Signature: _____