

USE OF SCHOOL FACILITIES/GROUNDS APPLICATION

Part I:

(To Be Completed by Applicant)

Date _____

Name and Type of Organization: _____
(individual, corporation, LLC etc.)

Contact Person: (Or persons who will be present during use and responsible for supervision)

Name: _____ E-mail address: _____

Address: _____ Phone: _____

Request:

Please describe activity/name of event: _____

Day/Date(s): _____ Time(s): _____ # Attending _____

Facility Desired: (check off) FD Gym FD Cafeteria Deane-Porter Gym FD Media Center DP Cafeteria

Multi-Purpose Room Only* Multi-Purpose Room/Auditorium* Multi-Purpose Rm/Auditorium and/or Auditorium with

Concession & Ticket Area* Grounds Classrooms: (Specify) _____ Other: (Specify) _____

*MPR Only \$1,000/7 days (3 hrs/day), MPR & Auditorium \$1,500/7 days (3 hrs/day), MPR + Aud.+ Concession \$1,600/7 days (3 hrs/day), \$45/hr. additional time.

Equipment needed: (please check all that apply)

Table(s) # _____ Chairs # _____ Projector/Screen Stage sound/lighting Microphone

Other: (Specify) _____

Personnel Needed - (Please check all that apply)

Custodial Light/Sound Technician Other: (specify) _____

*Hourly rates per staff member apply.

School equipment and materials are not to be used unless specifically requested and approved by the Administration.

**** Sports organizations / teams using the building or grounds for games, meeting or practices, someone present at all functions MUST hold a Certificate of Completion for Concussion Training or you may not use the facilities until obtained. A copy must also accompany this request.**

The facilities/grounds will not be available for use during school hours or when schools are closed due to storm conditions. Facilities/grounds may be available at the discretion of the Board during holidays, vacation periods, or during the time school is not in session over the summer so long as the programs do not interfere with cleaning and maintenance schedules.

ORGANIZATIONS MUST SUBMIT THE USER/APPLICATION FEE of \$150/yr and the additional Class IV fees use per Reg. 7510, AND A CERTIFICATE OF INSURANCE NAMING THE RUMSON BOARD OF EDUCATION AS ADDITIONAL INSURED WITH THIS APPLICATION. FEES ARE REFUNDABLE IF THE APPLICATION IS NOT APPROVED. SUCH INSURANCE SHALL INCLUDE MINIMUM LIMITS OF \$1,000,000 FOR GENERAL LIABILITY (covering bodily injury and property damage combined, and personal injury, as well as auto liability and proof of workers compensation, if applicable.) All other applicable fees will be billed after the use of facilities occur.

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Ins. Certificate Exp. date: _____

*I hereby acknowledge receipt of the Facility Use Policy and Regulations and accept responsibility for supervision, compliance with applicable laws, regulations and Rumson School District policies, and payment of fees (if applicable, and subject to additional assessment in event of damages) associated with the foregoing use of school facilities.

Signature of Applicant	Date	Organization
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Part II: Approval

Usage Approved: Yes No

Authorized Signature	Date

BOE Approval Date: _____

If "No", reason: _____

Fees involved after Use of Facility occurs:

- Custodial Fees** _____
- Security Fees** _____
- Professional Service Fees** _____

Fees due with application:

- Class IV Fees** _____