

**USE OF SCHOOL FACILITIES/GROUNDS APPLICATION**

**Part I:**

**(To Be Completed by Applicant)**

Date \_\_\_\_\_

Name and Type of Organization: \_\_\_\_\_, a \_\_\_\_\_  
(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: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_ # Attending \_\_\_\_\_

**Facility Desired:** (check off)  Forrestdale  Deane-Porter

- Auditorium       Stage       Gymnasium       Cafeteria       Grounds       Media Center
- Classrooms (Specify) \_\_\_\_\_  Other (Specify) \_\_\_\_\_

**Equipment needed:** (please check all that apply)

- Table(s) # \_\_\_\_\_  Chairs # \_\_\_\_\_  Projector/Screen       Stage sound/lighting       Microphone
- Other: (Specify) \_\_\_\_\_

**School equipment and materials are not to be used unless specifically requested and approved by the Building Principal and Business Administrator.**

**\*\* 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.

**TWO WEEKS PRIOR TO PERMISSION BEING GRANTED, ORGANIZATIONS MUST SUBMIT THE USER/APPLICATION FEE OF \$150 for the year , AND A CERTIFICATE OF INSURANCE NAMING THE RUMSON BOARD OF EDUCATION AS ADDITIONAL INSURED. 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.)**

**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

**Part II: Approval**

**Usage Approved:**       Yes       No

**BOE Approval Date:** \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

If "No", reason: \_\_\_\_\_