

Request for Use **MUST** be filed 10 days in advance

SOUTH PLAINFIELD PUBLIC SCHOOLS

Administration Offices
125 Jackson Avenue
South Plainfield, NJ 07080
908.754.4620

PERMIT NUMBER

Today's Date: _____

Approved _____
Denied _____

*Bus. Office/Supt. Approval _____

***Approval not granted until signed here**

APPLICATION FORM FOR THE USE OF PUBLIC SCHOOL FACILITIES

E-Mail Address: _____ Phone No. _____

Name of Organization: _____

Name of Person/Sponsor Applying: _____

Address of Person/Sponsor Applying: _____

(NOT school address) _____

CERTIFICATE OF INSURANCE (MUST be attached)

Current _____ SP Bd. of Ed. as Certificate Holder _____ SP Bd. of Ed. as Additional Insured _____

FACILITY REQUESTED:

High School	_____	Riley Elementary	_____
Middle School	_____	Roosevelt Elementary	_____
Franklin Elementary	_____	Administration Building	_____
Grant 5 th /6 th	_____	Frank Jost Field	_____
Kennedy Elementary	_____		

SPACE REQUESTED: If request is for School Grounds, check here _____

All-Purpose Room	_____	\$ _____
Auditorium	_____	\$ _____
Gymnasium	_____	\$ _____
Cafeteria	_____	\$ _____
Classroom	_____	\$ _____
Library	_____	\$ _____
Other	_____	\$ _____

EQUIPMENT:

Tables	_____
Chairs	_____
Podium	_____
Microphones	_____
Other	_____

PERSONNEL:

HOURLY RATE:

Head Custodian	_____	\$ _____
Custodian	_____	\$ _____
Electrician (approx.)	_____	\$ _____
A.V. Operator (approx.)	_____	\$ _____
Stage Crew (approx.)	_____	\$ _____

Office Use Only:
Total **ESTIMATED** Cost

Cafeteria Personnel: Please make arrangements with HS Cafeteria Manager, x277.

MUST BE COMPLETED: Estimated No. of Participants (per occasion) _____

Purpose of Use: _____

Date(s) of Use: _____ Day(s) of Week: _____

Times (Set-up to Break-down): _____ Exceptions: _____

Admission Fee: \$ _____ Disposition of Proceeds: _____

Sponsor hereby agrees to the terms and conditions of facility usage.

(Signature of Sponsoring Person)

(Approved by Building Administrator) (Date)