

Robbinsville Public Schools
 Board of Education Office
 155 Robbinsville-Edinburg Road
 Robbinsville, NJ 08691-3119
 (609)632-0910
www.robbinsville.k12.nj.us

Facility Use Request Form

(in accordance with School Board Policy #7510 Use of School Facilities)

Name of Group: _____ **Contact Name/Position:** _____

Billing Address: _____ **Contact Phone Number(s):** _____

E-mail: _____

Date(s) Requested: _____ **Time In:** _____ **Time Out:** _____

Time In: _____ **Time Out:** _____

Facility Requested: _____ **Sharon School** _____ **Pond Road Middle School** _____ **Robbinsville High School**
 (Please check) (609)632-0960 (609)632-0940 (609)632-0950

Area(s) Requested: _____ **Media Center** _____ **Media Center** _____ **Auditorium**
 (Please check) _____ **Classroom(s)** _____ **Classroom(s)** _____ **Stage**
 _____ **Conference Room** _____ **Conference Room** _____ **Full Seating (1,000 seats)**
Type of Program: _____ **Gym** _____ **Gym** _____ **Mezzanine Section (135 seats)**
 _____ **Cafeteria** _____ **Cafetorium** _____ **Commons**
 _____ **Kitchen*** _____ **Kitchen*** _____ **Kitchen***
 _____ **Stage** _____ **Stage** _____ **Student Activities Center**
 _____ **Field(s)** _____ **Field(s)** _____ **Media Center**
 _____ **Other** _____ **Other** _____ **Media Center Mezzanine**
 _____ **Classroom(s)**
 _____ **Foyer/Hallway**
 _____ **Main Gym**
 _____ **Auxiliary Gym**
 _____ **Track/Turf Field/Sports Complex**
 _____ **Football Practice Field**
 _____ **Baseball Field(s)**
 _____ **Softball Field(s)**
 _____ **Field Hockey Field(s)**
 _____ **Lacrosse/Soccer Field(s)**
 _____ **Other** _____

Number of Participants: _____ **Number of Guests:** _____

Admission Charged: _____ Yes _____ No
Donation: _____ Yes _____ No
Fund Raiser: _____ Yes _____ No
Refreshments*: _____ Yes _____ No

*Kitchen use shall incur an additional charge for a food service employee.

Please indicate equipment requested (pursuant to Board Policy # 7520 Loan of School Equipment). Additional charges will apply for use and/or district employee to operate. Set-up diagrams should be provided to the school office.

___ Microphone ___ Podium ___ Projector/Screen ___ DVD/VCR and Monitor ___ Stage Lighting & Sound ___ Tables/Chairs
 ___ Other _____

A \$1,000,000 Certificate of Liability Insurance listing **Robbinsville Public Schools** as Insured must be attached to this application. The Board of Education and the above named group have agreed that the use of facilities represents a rental of facilities whether or not fees are collected and the group assumes liability for personal injury and property damage. Therefore, no permit for use of facilities will be issued until such time as the group has demonstrated insurance responsibility in the form of Certificate of Insurance.

Certificate of Insurance: _____ Attached **IRS Letter of Non-Profit Status (if applicable):** _____ Attached

I hereby certify that I have read the policy of the Board of Education governing the use of school facilities. I fully understand making application does not constitute automatic approval, and that my permit may be revoked at anytime should statements made above be found untrue. I understand that this approved form should be provided to the custodian on duty if requested.

Signature of Responsible Party: _____ **Date of Application:** _____

Signature of Building Principal: _____ **Date:** _____

Signature of Business Administrator: _____ **Date:** _____

White-Requestor **Yellow-File Copy/Board of Education Office** **Pink-Facilities Manager** **Goldenrod-File Copy/School Office**