

EAGLESWOOD TOWNSHIP BOARD OF EDUCATION  
511 ROUTE 9  
WEST CREEK, NEW JERSEY 08092  
Phone (609) 597-3663 Fax: (609) 978-0949

**FACILITIES USE APPLICATION\***

DATE OF REQUEST: \_\_\_\_\_

TO THE BOARD OF EDUCATION: The undersigned hereby make application for the use of the school building and/or grounds as follows: PLEASE CHECK AREA

ALL-PURPOSE ROOM: \_\_\_\_\_  
GROUNDS\*: \_\_\_\_\_  
LIBRARY CENTER: \_\_\_\_\_

**\*Please note that the Page 3 Addendum must be completed for field use.**

DATES (specific dates): \_\_\_\_\_

1. Name of Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Person in Charge: \_\_\_\_\_

4. Address: \_\_\_\_\_

Phone: \_\_\_\_\_

5. Hours: \_\_\_\_\_

- Please note that **ALL EVENTS MUST END BY 8:30PM** due to limited custodian schedule.
  - Extended accommodations may be available at an expense – please see Business Administrator for assistance.

6. Purpose for which facilities are to be used: \_\_\_\_\_

7. Admission Fees:  
Yes: \_\_\_\_\_  
No: \_\_\_\_\_

8. Attendance Expected: \_\_\_\_\_

9. Name of Insurance Company\*\*: \_\_\_\_\_

**\*Please note that is approval is for 30 days, and subject to review.**

**\*\*Please see Paragraph 2, Page 2, and attach Certificate of Insurance to completed application. All Certificates must name the Eagleswood Township Board of Education and Eagleswood Township as additional insured on Certificate of Insurance for Field Use.**

The applicant, and the person or persons whose signature (s) appear below, will acknowledge that no person will be excluded from the activity being sponsored because of race, color, national origin, or sex. That they are familiar with the rules and regulations pertaining to the use of school facilities, and have received a copy of same, and that they agree to pay the Eagleswood Township Board of Education for any charge which may be involved for the use of these facilities. Facility charges will be made unless a cancellation is received three (3) days prior to dates requested.

"The applicant agrees to indemnify and hold harmless the Board of Education of the Township of Eagleswood from any and all claims which may arise from use of the school district's facilities by the applicant and/or the applicant's employees, members, guests and/or invitees. In addition, the applicant will provide to the district of certificate of insurance indicating that public liability insurance in the amount of \$750,000 is in effect on the date or dates involved and the school district is designated as a named insured under the policy."

NAME OF ORGANIZATION TO BE BILLED: \_\_\_\_\_

AUTHORIZED REPRESENTATIVE: \_\_\_\_\_  
(Signed)

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME OF PERSON SUPERVISING ACTIVITY: \_\_\_\_\_

A stamped, self-addressed envelope must accompany the application. A copy of the application will be returned in the envelope endorsed below. Please return the completed application to the Eagleswood Township Board of Education at address stated on page one.

**STATEMENT OF THE EAGLESWOOD TOWNSHIP  
BOARD OF EDUCATION**

I have read the above application and hereby certify that it will not interfere with the school calendar or school programs in any way, and that the area requested will be vacant at the time and area stated.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Deborah Snyder  
Superintendent

I certify that the area requested has been approved at a regular meeting of the Eagleswood Township Board of Education and has been reserved for your organization.

Date of Board Approval: \_\_\_\_\_

Signed: \_\_\_\_\_  
Allison Bogart  
Business Administrator

## FIELD USE ADDENDUM

The \_\_\_\_\_ (Name of Organization) realize that if the Facilities Use Application for field use is approved, their organization will be responsible for the supervision of the participants, and the maintenance of the grounds. Any damage to the building or grounds will be noted by the school's maintenance staff and reported. We in turn would contact your organization to discuss any incidents. Please be reminded that this approval is for **thirty (30)** days and subject to review.

In addition, your organization is in agreement with the following:

1. All trash will be placed in the appropriate receptacle.
  2. All cans and glass will be placed in the appropriate recycling container.
  3. All gates will be closed and secured.
  4. Groups sometimes are not properly prepared to handle emergencies. We ask that a First Aid Kit be available for the safety of all participants. \*
- A Pay Phone is located at the front of the school.
5. Please be reminded that the Eagleswood Township Elementary School is a **"Drug Free School Zone." No alcoholic beverages are permitted.**
  6. Groups of children or other persons requiring supervision should have at least one person in authority for every ten (10) participants.
  7. Your organization is financially responsible for any damages to the building or grounds while in use by that group.
  8. Debris cleanup will be done prior to field use.
  9. Baseball Use: Group will prepare field (i.e. drag, roll, and line) prior to use.  
**PORTA JOHN TO BE PROVIDED BY REQUESTING ORGANIZATION**

**Please Note: FIELD USE MAY BE REVISED AT THE DISCRETION  
OF THE EAGLESWOOD TOWNSHIP BOARD OF  
EDUCATION.**

\_\_\_\_\_  
Authorized Representative of Organization

\_\_\_\_\_  
Date