

**EAGLESWOOD TOWNSHIP BOARD OF EDUCATION
511 ROUTE 9
WEST CREEK, NJ 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 Requested (specific): _____

Name of Organization: _____

Organization Address: _____

Person in Charge: _____

Home Address: _____

Cell Phone: _____

Hours of Use _____

- Please note that ALL EVENTS MUST END BY 7:30PM due to limited custodian schedule
 - Extended accommodations may be available at an expense – please see Business Administrator for assistance.

Purpose for which facilities are to be used: _____

Admission Fees:

Yes: _____

No: _____

Estimated Attendance Expected: _____

Name of Insurance Company**:

*Please note that, if approved, this is approved 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 Eagleswood Township Board of Education and Eagleswood Township as additional on insured 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: _____

ADDRESS: _____

PHONE: _____

NAME OF PERSON SUPERVISING ACTIVITY: _____

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: _____

Heather Wawrzyniak
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: _____

Signed: _____

Micah Bender
Business Administrator