

# APPLICATION FOR USE OF FACILITIES

1300 Market Street  
Gloucester City, NJ 08030

Gloucester City School District

(856) 456-7000

Date of Application: \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Address: \_\_\_\_\_

Dates(s) Requested: \_\_\_\_\_

(List All Dates, Use Additional Paper If Needed)

Time: \_\_\_\_\_ Alternatives: \_\_\_\_\_

Nature Of Activity: \_\_\_\_\_

Facilities Requested:

(Check All That Apply)

**No Food/Drinks are allowed in any Gym/Auditorium**

Kitchen \_\_\_\_\_ Multi Purpose Room \_\_\_\_\_  
Classroom(s) \_\_\_\_\_ Playing Fields/Gym \_\_\_\_\_ GHS\_\_\_ GMS\_\_\_ CSS\_\_\_  
Cafeteria \_\_\_\_\_ Associations \_\_\_\_\_

Special Set-Ups Needed: \_\_\_\_\_

Equipment Needed: \_\_\_\_\_

Chaperones: ( Please List At Least One)

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

Estimated Fees (If Any): \_\_\_\_\_

**\*\*\*\*SMOKING IS PROHIBITED ANYWHERE IN THE BUILDING AND ON SCHOOL GROUNDS\*\*\*\***

**\*\*\*KITCHEN USE (1) No Children In The Kitchen (2) Kitchen Must Be Clean (3) Responsible For All Damages\*\*\***

## A CERTIFICATE OF INSURANCE MUST ACCOMPANY THIS APPLICATION

The authorized representatives shall assume the responsibility of seeing that their organization adheres to the School Board's policies and regulations. The Board of Education will assume no liability for the loss, damage or personal injury occurring through the use of facilities as requested in this application. Facilities and equipment must be restored to the same place and condition as found. The Board of Education reserves the right to cancel standing dates at their discretion.

Signature of Responsible Persons/Officials: \_\_\_\_\_

Contact Person's Phone Number: \_\_\_\_\_

Other Persons Involved: \_\_\_\_\_

The responsible officials must assume responsibility for familiarizing chaperones all rules and regulations.

Permission Granted: \_\_\_\_\_ Notified via email on: \_\_\_\_\_

Custodian Assigned \_\_\_\_\_  
Charges (If Any): \_\_\_\_\_

Director of Facilities Signature: \_\_\_\_\_