

**HARRISON TOWNSHIP SCHOOL**  
**120 N. MAIN STREET**  
**MULLICA HILL, NEW JERSEY 08062**  
**Phone: (856) 478-2016 ext. 7156**  
**Fax: (856) 478-0699**

**2023-2024 APPLICATION FOR USE OF FACILITIES**

Date of Application: \_\_\_\_\_ Received in BOE Office \_\_\_\_\_

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

Name of Person/Official assuming responsibility \_\_\_\_\_

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

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
(only if calls are permitted)

Email address \_\_\_\_\_ Non-profit Organization \_\_\_ Yes \_\_\_ No

Scheduled Activity: \_\_\_\_\_

Age group of participants: \_\_\_\_\_ Anticipated Number of participants: \_\_\_\_\_

Percentage of Harrison Twp. Residents: \_\_\_ 0-25% \_\_\_ 26-50% \_\_\_ 51-75% \_\_\_ 76-100%

Day(s) Requested: Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_  
(fee charged)

Date: START: \_\_\_\_\_ END: \_\_\_\_\_  
(Month) (Day) (Month) (Day)

Time Requested: \_\_\_\_\_ To \_\_\_\_\_

One Day \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Facility Requested:

\_\_\_ HTS K-2 Gym \_\_\_ HTS Library \_\_\_ K-2 Kitchen Counter Area only

\_\_\_ HTS Gym 3 \_\_\_ PVS Library \_\_\_ PVS Cafetorium

\_\_\_ PVS Gym \_\_\_ HTS Activity Center \_\_\_ PVS Kitchen Counter Area only

Special Set-Up Needed:

\_\_\_\_\_  
\_\_\_\_\_

Chaperones or additional contact person: (1 needed for every 10 children)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Personnel needed (weekend only-fee will be charged) YES \_\_\_\_\_ NO \_\_\_\_\_

**THE SPONSOR AND/OR APPLICANT/ORGANIZATION AGREE:**

1. TO PROVIDE PROOF OF INSURANCE NAMING "HARRISON TOWNSHIP BOARD OF EDUCATION" AS ADDITIONAL INSURED **See #8 Below.** ENCLOSED: \_\_\_\_\_ Yes \_\_\_\_\_ On File  
*Insurance **must be** enclosed or on file for application to be complete*
2. HAVE READ AND WILL ABIDE BY THE SCHOOL BOARD POLICY #1330 ENTITLED COMMUNITY USE OF SCHOOL FACILITIES. THE RESPONSIBLE OFFICIAL MUST ASSUME RESPONSIBILITY FOR FAMILIARIZING CHAPERONES WITH THE POLICY.
3. HE/SHE WILL ALSO ASSUME FULL LIABILITY FOR ANY DAMAGE TO PROPERTY.
4. THE ABOVE INFORMATION REPRESENTS ALL OF THE FACILITY REQUIREMENTS AND IT IS UNDERSTOOD THAT NO ADDITIONAL TIME, SPACE OR EQUIPMENT CAN BE GRANTED WITHOUT PRIOR APPROVAL BY THE SUPERINTENDENT OF SCHOOLS.
5. THE BOARD OF EDUCATION WILL ASSUME NO LIABILITY FOR THE LOSS, DAMAGE OR PERSONAL INJURY OCCURRING THROUGH THE USE OF FACITITES AS REQUESTED IN THE APPLICATION.
6. NO TRAMPOLINES ALLOWED WITHOUT PRIOR SPECIFIC AUTHORIZATION FROM THE BOARD OF EDUCATION.
7. PURSUANT TO ASSEMBLY BILL NO. 2960, AMENDING BILL P.L. 1981, c.320 (C.26:3D-15 ET SEQ.), EFFECTIVE IMMEDIATELY, SMOKING IS PROHIBITED ANYWHERE IN THE SCHOOL BUILDINGS OR ON SCHOOL GROUNDS.
8. **REQUIRED** – PROOF OF INSURANCE POLICY OF AN AMOUNT OF \$1,000,000 GENERAL LIABILITY INCLUDING NOT LESS THAN \$50,000 PER PERSON, PER OCCURRENCE INSURING YOUR ORGANIZATION AGAINST BODILY INJURY SUFFERED BY A PERSON; AND **NEW** - PURSUANT TO N.J.S.A. 18A:40-41.5 AND SCHOOL BOARD POLICY #1329, EFFECTIVE IMMEDIATELY, YOU AGREE TO COMPLY WITH SCHOOL BOARD POLICY #1329 FOR THE MANAGEMENT OF CONCUSSIONS AND OTHER HEAD INJURIES – **SIGNATURE OF COMPLIANCE BELOW.**

\_\_\_\_\_  
*Signature of Authorized Person*

\_\_\_\_\_  
*Date*

**APPROVALS:**

\_\_\_\_\_  
*School Business Administrator* Date: \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove \_\_\_\_\_

Reason(s) \_\_\_\_\_

\_\_\_\_\_  
*Superintendent* Date: \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove \_\_\_\_\_

Reason(s) \_\_\_\_\_