

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

2025-2026 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 FACILITIES 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:

Date: _____ Approve _____ Disapprove _____

School Business Administrator
Reason(s) _____

_____ *Date:* _____ *Approve* _____ *Disapprove* _____

Superintendent
Reason(s) _____