



SOUTHAMPTON TOWNSHIP SCHOOL DISTRICT

In Historic Vincentown Village

177 Main Street

Southampton, New Jersey 08088-8874

FOR SCHOOL USE

Office _____

Custodian _____

Lessee _____

RENTAL AND USE OF SCHOOL FACILITIES FORM

Name of Organization _____

President of Organization _____ Phone No. _____

Person in Charge of Function _____ Phone No. _____

Address of Person in Charge _____

Email Address of Person in Charge _____

FACILITIES INFORMATION REQUEST

School #1 () Auditorium () Lunchroom () Kitchen () Other (specify) _____

School #2 () All-purpose Room () Kitchen () Other (specify) _____

School #3 () Gym (locker side) () Gym (stage side) () Gym (Both) () Other (specify) _____

Date(s) of Week Desired _____ Day(s) _____

HOURS OF FACILITY USE

Set-up Time ⌚ From: _____ To: _____ **Time of Event** ⌚ From: _____ To: _____

Break Down Time ⌚ From: _____ To: _____

Activity _____

Additional Rooms, Equipment, Etc. Required: _____

CERTIFICATE OF INSURANCE must be received at least five (5) days prior to activity. NO approvals will be given without this certificate.

I certify that I am familiar with the rules and regulations covering the use of school facilities. I further certify that I will insure compliance with these rules and regulations.

Date

Signature of Person in Charge of Function

APPROVAL OF REQUEST

CERTIFICATE OF INSURANCE RECEIVED (Date) _____

Approved _____ Date _____

Request Denied _____ Date _____

Reason _____ Amount Paid \$ _____

REQUEST MUST BE SUBMITTED 15 DAYS PRIOR TO EVENT