

**BOARD OF EDUCATION
WEST ESSEX REGIONAL SCHOOL DISTRICT
WEST GREENBROOK ROAD, NORTH CALDWELL, NJ 07006
PHONE: 973-228-1200 FAX: 973-228-0559**

APPLICATION FOR USE OF BOARD OF EDUCATION FACILITIES

DATE(S) _____ DAY(S) _____

BEGINNING TIME _____ ENDING TIME _____

NAME OF ORGANIZATION _____

PERSON RESPONSIBLE FOR ACTIVITY _____

ADDRESS _____
(Street) (Town) (State) (Zip)

TELEPHONES HOME _____ WORK _____ FAX _____

EMAIL _____

DESCRIPTION OF ACTIVITY _____

ANTICIPATED PROCEEDS FROM THIS ACTIVITY _____

APPROXIMATE NUMBER IN ATTENDANCE _____ PARTICIPANTS _____ AUDIENCE _____

BUILDING REQUESTED (CIRCLE ONE) HIGH SCHOOL (HS) OR MIDDLE SCHOOL (MS)

AREA(S) REQUESTED _____ AUDITORIUM _____ TURF FIELD _____ CAFETERIA
(CHECK ALL THAT APPLY) _____ CLASSROOM _____ MULTIPURPOSE ROOM (HS ONLY)
_____ GYMNASIUM _____ TRACK _____ TENNIS COURTS

FOR GRASS FIELDS (PLEASE SELECT BELOW)

_____ BASEBALL _____ SOFTBALL _____ SOCCER
_____ LACROSSE _____ FIELD HOCKEY _____ FOOTBALL

OTHER AREA(S) REQUESTED
(CHECK ALL THAT APPLY)

_____ BATHROOMS _____ CONCESSION STAND _____ PRESS BOX
_____ DRESSING AREA _____ LOCKER ROOMS

*PLEASE COMPLETE THE ATTACHED **USE OF EQUIPMENT AND SERVICES FORM***

Failure to do so may delay your application

LIST OF SUPERVISORS IN ATTENDANCE

NAME	AGE	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT THE USE FOR WHICH THIS FACILITY IS REQUESTED AND THAT THE ACTIVITIES TO TAKE PLACE DO NOT VIOLATE ANY LOCAL, STATE OR FEDERAL LAWS. ORGANIZATIONS OR INDIVIDUALS VIOLATING THE RULES AND REGULATIONS CONTAINED HEREIN OR UNDER ANY ABOVE LAWS WILL HAVE THE PRIVILEGE OF USING THE FACILITIES REVOKED IMMEDIATELY.

DATE OF APPLICATION _____ SIGNATURE _____

NOTE: SCHOOL FUNCTIONS ARE GIVEN FIRST PRIORITY. THEREFORE, APPROVED APPLICATIONS CAN BE SUBJECT TO CANCELLATION

APPROVAL/DISAPPROVAL: (FOR OFFICE USE ONLY)

	Initial	Date		Circle	
1. Master Calendar Coordinator	_____	_____	Available	or	Unavailable
2. Principal	_____	_____	Approved	or	Disapproved
3. Supervisor of Buildings/Grounds	_____	_____	Approved	or	Disapproved
4. Athletic Director	_____	_____	Approved	or	Disapproved
5. Supervisor of Arts	_____	_____	Approved	or	Disapproved
6. Business Administrator	_____	_____	Approved	or	Disapproved
7. Superintendent of Schools	_____	_____	Approved	or	Disapproved
Insurance Certificate Attached	Yes _____	No _____	Fee \$	_____	

Board Action Date _____

Copies to () Master Calendar Coordinator () Maintenance Supervisor () Requestor () Building Assistant Principal

**WEST ESSEX REGIONAL SCHOOL DISTRICT
973-228-1200**

USE OF EQUIPMENT AND SERVICES FORM

In anticipation of approval of your use of building facilities request, please determine your needs by completing the following:

Name of Organization _____

We are hereby requesting the following:

1. _____ Room(s) _____
2. _____ Auditorium
_____ Stage
_____ Chairs (Please indicate number needed)
_____ Lighting/Sound (additional fees will be applied)
_____ Piano
3. _____ Cafeteria
_____ Food Service (Please specify)
a. Food to be served _____
_____ Tables and Chairs Only
4. _____ Audio Visual Equipment
_____ Microphone (Wireless handheld only)
_____ Lectern
_____ LCD Projector
_____ DVD Player
5. _____ Gymnasium
_____ Bleachers
_____ Scoreboard (additional fees will be applied)
_____ Sound System (High School Only)
_____ Chairs (Please indicate number needed)
6. _____ Turf Field
_____ Press Box
_____ Bleachers
_____ Team Benches
_____ Concession Stand
_____ Scoreboard (additional fees will be applied)
_____ Sound System (additional fees will be applied)
_____ Lights
_____ Field Markers
_____ Goals (Soccer, Lacrosse, Field Hockey)
_____ (Please indicate type of goals): _____
_____ Hurdles
_____ Long Jump Runway and Pit
_____ High Jump Pit
_____ Pole Vault Pit

7. _____ Grass Field
 _____ Goals (Soccer, Lacrosse, Field Hockey)
 _____ (Please indicate type of goals): _____
 _____ Batting Cages
 _____ Bleachers
 _____ Team Benches
 _____ Scoreboard (additional fees may be applied)
 _____ Sound System

8. _____ Custodial Assistance (please specify) _____

9. _____ Please make any diagrams that may be helpful for any arrangement that is needed on the back of this form.

APPROVAL/DISAPPROVAL (For Office Use Only)

	Initial	Date			
1. Supervisor of Buildings/Grounds	_____	_____	Approved	or	Disapproved
2. Athletic Director	_____	_____	Approved	or	Disapproved
3. Supervisor of Arts	_____	_____	Approved	or	Disapproved
4. Business Administrator	_____	_____	Approved	or	Disapproved
5. Superintendent of Schools	_____	_____	Approved	or	Disapproved