

Carlstadt-East Rutherford Regional Board of Education



USE OF FACILITIES

APPLICANT INFORMATION

Person Requesting Use: _____

Date: _____

Company Requesting Use: _____

Telephone Number: _____

Activity: _____

Address: _____

FACILITIES REQUESTED

Choose one or more:

Facility	Dates	Times
<input type="checkbox"/> Media Center		
<input type="checkbox"/> James Williams Performing Arts Center		
<input type="checkbox"/> Gymnasium		
<input type="checkbox"/> Cafeteria		
<input type="checkbox"/> Other		

EXPLANATION FOR REQUEST/ACTIVITY

APPROVED BY:

Jessenia Kan/Sara Ray _____

Annette Giancaspro _____

Bernard Matos _____

An approved copy will be returned to you for your records.