WEST LONG BRANCH PUBLIC SCHOOLS WEST LONG BRANCH, NEW JERSEY APPLICATION FOR USE OF SCHOOL BUILDING, GROUNDS AND/OR SCHOOL FIELDS

If this application is granted, the organization will assume responsibility for the preservation of order, safety, and security in said building, grounds, and/or field, and liability for any damage thereto, or loss of property that may occur, and for the due observance of all regulations of the Board of Education governing use of its buildings, grounds or fields.

The approved application form must be kept with the group at all times during the use of the building, grounds and field. It must be presented or shown, when requested, to school officials and/or the Police.

Use of custodial services outside of the custodial <u>normal</u> (exclusive of Saturdays, Sundays and school holidays) schedule will be billed by the Business Office, at 1.5 (x) times the hourly rate and employer share of social security. Schedule of hourly rates is available from the Business Office. Custodians are available under <u>normal</u> work schedules Monday through Friday until 10:30 p.m., with exceptions of school holidays. Payment of custodial services will be made payable to the West Long Branch Board of Education.

The use of or bringing on the school premises of alcoholic beverages is not permitted. Smoking or the use of any tobacco substance is also not permitted.

Any member of the West Long Branch Board of Education, or its representative shall, during the period covered by this application have full access to any part of the building, grounds and/or fields.

This application is intended for sole Use of School Facilities. Usage cannot be transferred to any other individual or organization.

Name o	f Organization		Date of Application
To The Board of Education:	3		
The undersigned hereby makes application	on for use of the school buil	lding, grounds or f	field, as follows:
BUILDING and/or AREA		TIME	
BUILDINGand/or AREA _ DATE TO BE USED	HOW IT IS TO BE	E USED	
This application is made for the purpose			
for which an admission charge of \$	per person will be made.	The funds are to be	e used for the following purpose
If Use of School Equipment is needed, p.	ease indicate:		
Indicate set-up date/time needed for the	event:	*	
Please attach a copy of the advertiseme Print Name (person making application)		Title	
Print Name (person making application)_ Signature	Addres	Title	
Print Name (person making application)_ Signature	Addres	Title	
Print Name (person making application) Signature Phone Number Contact Person (if different than person is	Addres Cell Phone # naking application)	ss	Email Address
Print Name (person making application) Signature Phone Number Contact Person (if different than person is	Addres Cell Phone # naking application)	ss	
Print Name (person making application)_ Signature Phone Number	Addres Cell Phone # naking application)	Title	Email Address
Print Name (person making application) Signature Phone Number Contact Person (if different than person r Name of Organization or Committee	Address Cell Phone # making application) For Office Us	Title	Email Address Cell Phone #
Print Name (person making application) Signature Phone Number Contact Person (if different than person to Name of Organization or Committee Certificate of insurance secured in the an	Address Cell Phone # making application) For Office Us	Title	Email Address Cell Phone # St Long Branch Board of Education as an
Print Name (person making application) Signature Phone Number Contact Person (if different than person relation) Name of Organization or Committee Certificate of insurance secured in the anadditional insured. Insurance attached:	Address Cell Phone # making application) For Office Use acount of at least \$500,000.0 Yes	se Only O naming the Wes On File	Email Address Cell Phone # St Long Branch Board of Education as an
Print Name (person making application) Signature Phone Number Contact Person (if different than person to Name of Organization or Committee Certificate of insurance secured in the an additional insured. Insurance attached: This application is hereby approved:	Address Cell Phone # making application) For Office Use abount of at least \$500,000.0 Yes (Superintendent of Superintendent of Supe	se Only O naming the Wes On File	Email Address Cell Phone # St Long Branch Board of Education as an
Print Name (person making application) Signature Phone Number Contact Person (if different than person to Name of Organization or Committee Certificate of insurance secured in the an additional insured. Insurance attached: This application is hereby approved:	Address Cell Phone # making application) For Office Use abount of at least \$500,000.0 Yes (Superintendent of Superintendent of Supe	se Only O naming the Wes On File	Email Address Cell Phone # St Long Branch Board of Education as an
Print Name (person making application) Signature Phone Number Contact Person (if different than person related to the person of the p	AddressCell Phone # naking application) For Office Use the count of at least \$500,000.00 Yes (Superintendent of Superintendent o	se Only On aming the Wes On File	Email Address Cell Phone # St Long Branch Board of Education as an (Please circle one)