

MULLICA TOWNSHIP SCHOOLS
PO BOX 318, 500 ELWOOD ROAD
ELWOOD, NJ 08217
PHONE: (609) 561-3868 · FAX (609) 561-7133

SCHOOL DISTRICT FACILITIES USE
APPLICATION FORM

Sponsoring Organization: _____

Mailing Address: _____

Name of Person(s): _____
(In charge of Activity/PLEASE PRINT)

Telephone #(Home) _____ Work# _____ Cell# _____

Insurance Company: _____ Insurance Agent: _____

Address: _____ Phone#: _____

Facility Location: Elwood Frame Lauer

Facility Requested: Cafeteria Room # _____ Playground Gym
 Kitchen Library Meeting Room Baseball Field(s)
 Other (*explain*) _____

Equipment Requested: Chairs (# needed) _____ Tables (# needed) _____

Date(s) Requested: _____
(Use other side of form if necessary)

Hours: From: _____ To: _____

Description of Activity: _____

Policy #7510 Use of Facilities has been revised to reflect the following changes:

Sponsored Organizations or Groups will be accepted in this priority: 1) Mullica Township School Sponsored Activities/ Programs, 2) Mullica Township Residents representing organization/ group(s) comprised predominantly of Mullica Township resident, and 3) Organization/ Group(s) that serve the PK-8 population.

- Notes:**
- ✓ This form should be completed and submitted to the Superintendent of Schools at least 10 days before the desired use of facilities.
 - ✓ All accidents must be reported to the Superintendent of Schools in writing within 24 hours of its occurrence.
 - ✓ In addition, a fee will be applied based on the number of uses requested. For more information contact 609-561-3868 ext. 139.

Certification:

I hereby declare that I have read and understand the Policy, Rules, and Regulations regarding the use of the Mullica Township School District Facilities, and my organization and I will assume complete responsibility for any damage or vandalism that may occur while the facilities are being used (*see attached*).

Indemnification:

I hereby further agree that I will indemnify and save harmless the Mullica Township School District, and the Mullica Township Board of Education and its agents, of and from all liability of any kind whatsoever arising out of activities conducted on school premises pursuant to this application.

Signature

Date

The above application is: **Copies: Cafeteria, Maintenance, Principals' Offices, Organization**

Approved Approved (with a facility use fee of \$ _____)

Approved (with the following limitations):

Not Approved (with the following reasons):

Superintendent of Schools

Date