KINNELON PUBLIC SCHOOLS
KINNELON, NEW JERSEY 07405 **PERMIT #: _____**

APPLICATION FOR USE OF SCHOOL FACILITIES **DATE OF APPLICATION: _____**

SUBJECT TO AVAILABILITY REGARDING SCHOOL FUNCTIONS

Certificate of Insurance MUST be filed with the Board of Education prior to a Permit being issued

The _____ requests the use of _____
ORGANIZATION

Date(s): _____ Time from _____ AM PM to _____ AM PM for the

purpose of : _____

Number of people expected: _____ Will admission be charged? _____ Admission: _____

What school facilities are needed? _____

Is this organization non-profit? YES NO (The Board reserves the right to verify non-profit status.)

What equipment will be required? Chairs ____ Tables ____ Piano ____ PA System ____ Lights _____

Kitchen Facilities _____ Audio Visual _____ Speaker Stand _____ Other _____

Will special Custodial Services be required? Yes ____ No ____ (Check fee schedule) If this organization is school related and requests use of the facility at no charge, please submit in writing reason(s) for this request.

1. **POLICE AND PARKING ATTENDANTS SHOULD BE ARRANGED DIRECTLY BY SPONSORING GROUP (EXCEPT SCHOOL CONNECTED ORGANIZATIONS).**
2. **PERSON IN CHARGE OF FUNCTION MUST INSURE THAT ALL ACCESS ROUTES TO IMMEDIATE LOCATION OF THE ACTIVITY ARE KEPT OPEN FOR EMERGENCY VEHICLES.**
3. **SMOKING IS NOT PERMITTED ON SCHOOL PROPERTY.**
4. **ALCOHOLIC BEVERAGES ARE NOT PERMITTED ON SCHOOL PROPERTY.**
5. **FOOD AND DRINKS ARE TO BE CONSUMED ONLY IN THE CAFETERIA.**
6. **ACCESS TO ANY PARTS OF THE BUILDING OTHER THAN THOSE SPECIFIED IN THE PERMIT IS NOT ALLOWED.**
7. **ORGANIZATIONS WISHING TO USE THE HIGH SCHOOL AUDITORIUM MUST HAVE AT LEAST ONE EMPLOYEE TO SUPERVISE THE USE OF THE LIGHTING PANEL. CONTACT THE HIGH SCHOOL AT 838-5500.**

The organization hereby agrees to and accepts, if granted, the privilege to use the facilities requested and the regulations set forth in this application.

SIGNATURES OF OFFICIAL _____ PERSON IN CHARGE_____

ADDRESS: _____ PHONE NUMBER _____

I certify the above described facility will not be required for school use during the time requested.

_____ _____
Building Principal Athletic Director (when requesting PRM/HS fields or gym)

_____ _____
Superintendent Board Secretary/Business Administrator