

Facility Use Application

Organization: _____ Date of Request: _____

Person(s) Responsible: _____

Address: _____ Phone: _____

Facility Requested:

Cafeteria _____ Gym _____ Classroom _____ Other (specify) _____

Intended Use: _____

Estimated Attendance: _____

Requesting Use On:

Month(s)	Date(s)	Day(s)	Hours from/to:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach additional dates requested

Specify Special Equipment/Setup (what/when): _____

Application must be approved by the Board of Education before the first reservation date. Please notify the Board Office or School Office of changes or cancellations one day before the scheduled event.

Certificate of Insurance: The Board of Education assumes no liability for the Facilities Use Applicant. The Board requires that the applicant file a Certificate of Insurance with the Lavallette Board of Education as an additional insured prior to approval.

By signing below, the requester attests that they have read and agree to comply with the following Lavallette Board of Education policies and regulations which are available on the district's website www.lavallettek12.org:

7510 Use of School Facilities

2431.4 Prevention and Treatment of Sports Related Concussions and Head Injuries

Requester's Signature: _____

Board of Education Use:

Certificate of Insurance: _____ Fees charged: _____

Approval by Superintendent: _____ Date Approved by Board: _____