

USE OF ESSEX COUNTY PUBLIC SCHOOLS FACILITIES - Continued

Will you secure liability insurance to cover this activity? ____ Yes ____ No (A copy of the certificate must be attached to the original request for use of facilities.)

List any special arrangements or equipment needed (Additional fees may apply) _____

THE USE OF DRUGS, ALCOHOL AND SMOKING IS STRICTLY PROHIBITED ON THE PROPERTY OF ESSEX COUNTY PUBLIC SCHOOLS.

Please read the attached Essex County School Board regulations governing use of facilities. After reading the attached regulations, this form is to be signed by the person designated by the organization as the person responsible to the School Board for use of the facility.

I have read the Essex County School Board regulation governing the use of public school facilities. I will abide by these rules and regulations. All payments are made to Essex County Public Schools.

_____ Date _____ Signature of Applicant

OFFICE USE ONLY

_____ Date Received by School Board Office _____ Recommend Approval ____ Yes ____ No

_____ Date _____ Recommend Approval ____ Yes ____ No _____ Signature of Building Principal

_____ Date _____ Recommend Approval ____ Yes ____ No _____ Signature of Director of Facilities

_____ Date _____ Recommend Approval ____ Yes ____ No _____ Signature of Superintendent or Designee

Auditorium	\$ _____
Cafeteria/Commons	\$ _____
Audio Visual	\$ _____
Classroom	\$ _____
Gym	\$ _____
Kitchen	\$ _____
Conference Room	\$ _____
Board Room	\$ _____
Kitchen Staff Fees	\$ _____
Custodial Service Fees	\$ _____
TOTAL COST	\$ _____