

OXFORD TOWNSHIP SCHOOL DISTRICT
17 Kent Street, Oxford, N.J. 07863

Request for Use of Facilities (File Code 1330R) Form

Complete form in its entirety and submit to the **Board Office** at least **10 days in advance of event.**

Note: No Activity may take place until Board approval has been granted.

Organization/Group: _____ **Date of Application:** _____

Adult in Charge:* _____

**Adult named must remain on premises during entire event.*

Address: _____

email : _____ **Phone #:** () _____

Insurance Carrier:** _____ **Policy #:** _____

****If not previously provided, please attach a current Certificate of Liability Insurance naming Oxford Central School as additional insured.**

Check One: School Related Community Related Governmental Private

Check One: Non-Profit Profit

Purpose of Activity: _____

Estimated number of enrollees/participants at any one time: _____ Number of adult chaperones _____ (One adult per 15 enrollees/participants.)

♥Janet's Law requires that team coach or other designated adult present during the athletic event or team practice, be trained in CPR and the use of an AED.♥

Adult(s) with training: _____
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<u>Date(s) for Use of Facilities:</u>	<u>Start Time ***</u>	<u>End Time ***</u>
September: _____	_____	_____
October: _____	_____	_____
November: _____	_____	_____
December: _____	_____	_____
January: _____	_____	_____
February: _____	_____	_____
March: _____	_____	_____
April: _____	_____	_____
May: _____	_____	_____
June: _____	_____	_____

(***This is the earliest you will be admitted into the building and the time you are expected to vacate the building. If you require set-up or clean-up time, please indicate so.) **UNSUPERVISED CHILDREN WILL NOT BE ALLOWED TO ENTER THE BUILDING AT ANY TIME.**

Areas Requested:

Classroom(s) Library Multi-Purpose Room (Cafeteria) Kitchen (fee applies)
 Gymnasium Stage Athletic Field/Playground Other (specify)

Special Instruction: list any equipment, supplies or set-up instructions requested. If requesting tables and chairs please indicate how many and where they should be set-up.

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CSA/Principal's Approval _____ Date _____

School Business Administrator's Approval _____ Date _____

I HAVE RECEIVED A COPY OF THE OXFORD TOWNSHIP BOARD OF EDUCATION'S USE OF SCHOOL FACILITIES POLICY AND REGULATIONS (#1330 AND #1330R) AND AGREE TO ADHERE TO THEM AS STATED.

Signature of Authorized Applicant _____ **Date** _____

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If you have any questions, please contact Mrs. Ellen Doyle (Ext. 2109) or Mrs. Diana Ramkelawan (Ext. 2115).

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For Board Use Only:

Date of Board Approval: _____ Copies to: Applicant Principal
 Custodian UOF File (Original)