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:* _____ **Phone #:** ( ) _____
Address: _____
Insurance Carrier: _____ **Policy #:** _____

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

……..

Date(s) for Use of Facilities:	**Start Time**	**End Time** **
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)

School Business Administrator's Approval _____ Date _____

CSA/Principal'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

……...

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

……

For Board Use Only:

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