SOUTH PLAINFIELD PUBLIC SCHOOLS
Administration Offices
125 Jackson Avenue
South Plainfield, NJ 07080
908.754.4620

PERMIT NUMBER

Today's Date: ____________________________

*Bus. Office/Supt. Approval ______________________

*Approval not granted until signed here

APPLICATION FORM FOR THE USE OF PUBLIC SCHOOL FACILITIES

E-Mail Address: __________________________ Phone No. ______________________

Name of Organization: _______________________________________________________

Name of Person/Sponsor Applying: ______________________________________________

Address of Person/Sponsor Applying: ____________________________________________

(NOT school address)

CERTIFICATE OF INSURANCE (MUST be attached)
Current _______ SP Bd. of Ed. as Certificate Holder _______ SP Bd. of Ed. as Additional Insured _____

FACILITY REQUESTED:
High School ____________________________ Riley Elementary __________________________
Middle School __________________________ Roosevelt Elementary __________________________
Franklin Elementary ______________________ Administration Building ________________
Grant 5th/6th ____________________________ Frank Jost Field __________________________
Kennedy Elementary ______________________

SPACE REQUESTED: If request is for School Grounds, check here ______

All-Purpose Room _______ $ _______ 
Auditorium _______ $ _______ 
Gymnasium _______ $ _______ 
Cafeteria _______ $ _______ 
Classroom _______ $ _______ 
Library _______ $ _______ 
Other _______ $ _______ 

EQUIPMENT:
Tables _______ 
Chairs _______ 
Podium _______ 
Microphones _______ 
Other _______

PERSONNEL: 

Head Custodian _______ $ _______ 
Custodian _______ $ _______ 
Electrician (approx.) _______ $ _______ 
A.V. Operator (approx.) _______ $ _______ 
Stage Crew (approx.) _______ $ _______

Cafeteria Personnel: Please make arrangements with HS Cafeteria Manager, x277.

MUST BE COMPLETED:

Estimated No. of Participants (per occasion) ______________________

Purpose of Use: ____________________________________________________________

Date(s) of Use: ____________________________ Day(s) of Week: ______________________

Times (Set up to Break down): ____________________________ Exceptions: ______________________

Admission Fee: $ ____________ Disposition of Proceeds: ______________________

Sponsor hereby agrees to the terms and conditions of facility usage.

(Signature of Sponsoring Person) ____________________________ (Approved by Building Administrator) ____________________________ (Date) ____________________________

ORIGINAL