PAULSBORO PUBLIC SCHOOLS Administration Building 662 North Delaware Street Paulsboro, New Jersey 08066

APPLICATION FOR USE OF SCHOOL FACILITIES

Please print clearly

Ouesuinstian. Talanta Data.							
Organization: Person in Charge:	· ·						
0	_						
Address:							
Type of Activity:							
CONDITIONS FOR USE OF SCHOOL FACILITIES							
Use of school facilities requires approval of the Board of Education. Applications must be submitted to the Superintendent of Schools no later than the 30 th day of the month in order to be	When there is no scheduled custodian the organization will be responsible for custodial coverage at the rate of \$18/hour.						
included on the agenda of the next meeting of the Board. By illustration, an application submitted on or before January 30 th	Organizations wishing to use the Paulsboro High School kitchen must employ a cafeteria worker to supervise the activity.						
will be included on the agenda of the meeting conducted in February.	Organizations using athletic fields must provide their own equipment such as pitcher's rubber and bases.						
Organizations requesting the use of school facilities must submit a certificate of insurance in an amount of at least \$1,000,000. Applications will not be presented to the Board of Education	Smoking is prohibited in school buildings and on school grounds.						
without the certificate of insurance.	No gambling, alcoholic beverages or controlled dangerous substances (drugs) are permitted on school property.						
The Board of Education will determine if police officers are needed to supervise the requested activity. It will be the organization's responsibility to employ and pay the officers.	Organizations using school facilities are expected to maintain the highest standards of behavior, appropriate language, and sportsmanship.						
The organization must employ and pay a Board approved operator in order to use audio-visual equipment, scoreboards and sound systems.	Upon the completion of an activity, the organization is expected to be certain that all trash and litter is placed in the appropriate containers.						
Lights are available for night games played on the softball fields	Organizations must inform all participants of the above conditions.						
between 7:30 p.m. and 10:30 p.m. Monday through Friday only. There will be a \$50 per evening charge for the use of the lighted fields. Check must be included with this application.	Failure to comply with the above conditions will cause the organization to forfeit the privilege of using school facilities.						
As the person in charge of the activity, I have read the abo	ove conditions for use of school facilities and agree to						
abide by same.							
Signature of Person in Charge	Date						
TO MARK A DE							
Attach Certificate of Insurance. Attach check made payable to the Paulsboro Public Sci	shools if lighted softhall fields are requested						
Submit this form to the principal of the school or facili							
Please Remember To Complete The Reverse Side Of This Form.							

Received in Superintendent's Office	Copies of Approv	Copies of Approved Sent to:		
Entered into the Calendar	Building Principal			
Sent to Supervisor of Support Staff	Supervisor of Support Staff			
Returned back to Superintendent	Organization			
	Sound System/ Audio			

Facility Requested (please circle)	Athletic Complex	Paulsbor Schoo	ro High ol	Loudenslager School	Billingsport School
FACILITY REQ		TIME	DATE(s) R	EQUESTED	DAY(S)
Auditorium (High Schoo Piano Sound System Audio Visual Equi					
All Purpose Room (Elem. Schools Only)PianoSound SystemAudio Visual Equ	uipment Specify				
Cafeteria (High School CPianoSound SystemAudio Visual Equ	uipment Specify				
PA System, Laptop,2	microphones_		 		
Kitchen (High School Or	nly)				
Gymnasium (High School Scoreboard Sound Syst	d				
Library					
Parenting Center (High S	School Only)				
Classroom(s) List room #s,	,				
Wrestling Room (High S	School Only)		<u> </u>	<u> </u>	
Weight Room (High Sch	nool Only)				
Sound Sys Softball Fi	Field				
	S	CHOOL US	E ONLY		
SOFTBALL FIELD A	e Circle)	Field One	Field '	Field Two	
Signature/Principal	Signature A.P.	./Athletics S	Signature/Superv		ture/Superintendent

Date

Date

Date

Date