



# COMMUNITY USE OF SCHOOL DISTRICT FACILITIES REQUEST FORM

## Jersey Shore Area School District

All requests must be made 14 days prior to the event. - - Certificate of Insurance Coverage Required: \$1 million

Please ensure that you have received the approved form (sent by Nicki Barr) prior to the event. Events should not be held if approval has not been received.

Today's Date: \_\_\_\_\_  
(Only 1 date per form)

Certificate of Insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Organization: \_\_\_\_\_ Organization Class: \_\_\_\_\_ A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D

Name of Person Applying/Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

### Facility Requested:

\_\_\_\_\_ Jersey Shore Area High School \_\_\_\_\_ Jersey Shore Area Middle School \_\_\_\_\_ Administration Building

\_\_\_\_\_ Avis Elementary School \_\_\_\_\_ Jersey Shore Area Elementary School

\_\_\_\_\_ Auditorium/Cafetorium \_\_\_\_\_ Cafeteria \_\_\_\_\_ Cafeteria w/ Kitchen \_\_\_\_\_ Classroom

\_\_\_\_\_ Library \_\_\_\_\_ Computer Lab \_\_\_\_\_ Gymnasium \_\_\_\_\_ Gym w/ Showers

\_\_\_\_\_ Football Stadium \_\_\_\_\_ Soccer/Track Field \_\_\_\_\_ Tennis Courts \_\_\_\_\_ Baseball Field

\_\_\_\_\_ Pool \_\_\_\_\_ Air Conditioning Needed? Limited areas available during summer sessions.

Event Date(s): \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Exit Time: \_\_\_\_\_ # of Attendees: \_\_\_\_\_

**\*\*Must include setup and tear down time**

Actual Event Start Time: \_\_\_\_\_ Actual Event End Time: \_\_\_\_\_

### Requested Facility and Service Hours **\*If an SRO is needed, please contact Laura Osenbach to schedule\***

Facility Requested: \_\_\_\_\_ Hours Equipment Rental: \_\_\_\_\_ Hours

Custodial Personnel: \_\_\_\_\_ Hours Food Service Personnel: \_\_\_\_\_ Hours

Security Personnel: \_\_\_\_\_ Hours Technology Personnel: \_\_\_\_\_ Hours

Describe Activity to be Conducted: \_\_\_\_\_

Applicant Comments: \_\_\_\_\_

Name of Contact Person During Event: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Invoice will be sent after the event. Payment is due within 30 days of the invoice date.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Approvals:

\_\_\_\_\_  
Principal / Date

\_\_\_\_\_  
Athletic Director / Date

\_\_\_\_\_  
Buildings and Grounds Director / Date

\_\_\_\_\_  
Superintendent / Date