

**North Wildwood School District Use of Facilities Request Form**

**Return Form to the Superintendent's Office**

**\*All sections must be completed in full before submitting for approval.\***

**\*\*Requests MUST be made within 60 days of event\*\***

**Date of Request:** \_\_\_\_\_

**Contact Person (Responsible During Event)** \_\_\_\_\_

**Organization Group**

**Address** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Work Phone Number** \_\_\_\_\_ **Cell Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

**Facilities Requested:** \_\_\_\_\_

**Day(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Set-Up Time Begins:** \_\_\_\_\_ **Event Time Begins:** \_\_\_\_\_

**Event Time Ends:** \_\_\_\_\_ **Facilities Use Time Ends:** \_\_\_\_\_

**Number of Attendees:** \_\_\_\_\_ **Do you need chairs?** \_\_\_\_ YES \_\_\_\_ NO

**Do you need tables?** \_\_\_\_ YES \_\_\_\_ NO

**Will an admission charge of collection be made?** \_\_\_\_ YES \_\_\_\_ NO

**Will donations be accepted?** \_\_\_\_ YES \_\_\_\_ NO

**Does the event directly benefit the District or a student group?** \_\_\_\_ YES \_\_\_\_ NO *if yes, explain:* \_\_\_\_\_

**Do your attendees have any special needs?** \_\_\_\_ YES \_\_\_\_ NO *if yes, explain:* \_\_\_\_\_

**Do you need technical support?** \_\_\_\_ YES \_\_\_\_ YES *if additional time is needed, please indicate the time you would like the tech to arrive:* \_\_\_\_\_

**Podium:** \_\_\_\_ YES \_\_\_\_ NO **Microphone:** \_\_\_\_ YES \_\_\_\_ NO

*\*Internet service may be received by Wi-Fi. Auxiliary services do not provide laptops, tablets, or other devices.*

**Additional Notes/Map/Setup Description:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Visual layout if necessary:*

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**Statement of Information:** The undersigned, as a duly authorized representative for User states that, to the best of his/her knowledge, the District property for use of which application is hereby made will not be used for the commission of any crime or any act which is prohibited by law.

**Note:** The Board Of Education's liability insurance policy does not extend to individuals and organizations using school facilities. For this reason, organizations must provide a copy of their Certificate of Insurance, proving valid liability coverage, along with application.

**Requester acknowledges they have read and agree to abide by the terms and conditions of this request, and that they are completing an application which is pending approval.**

**Responsible Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**For District Use Only:**

**Date Application Received:** \_\_\_\_\_

**Assigned Personnel & Cost:** \_\_\_\_\_

**Assigned Equipment & Cost:** \_\_\_\_\_

**Assigned Storage & Cost:** \_\_\_\_\_

**Rental Cost:** \_\_\_\_\_ **Total Cost for Use of Facilities:** \_\_\_\_\_

**Date Payment Due:** \_\_\_\_\_

**Superintendent Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Office Approval:** \_\_\_\_\_ **BOE Meeting Date:** \_\_\_\_\_

**Use of Facilities Approved** \_\_\_\_\_ **Use of Facilities Denied** \_\_\_\_\_