EAST AMWELL TOWNSHIP SCHOOL Ringoes, NJ 08551

(Revised 11/06)

Complete form and return to Superintendent.

to the East Amwell Campus.

ADDI ICATION I	
APPLICATION	FOR USE OF SCHOOL FACILITIES
1. Name of Organization	
2. Address of Organization	
3. Applicant's Name	Telephone #
4. Nature of Program/Activity	
5. School Facilities Requested (<i>Please cl</i>	heck)
Auditorium	Grounds
Kitchen	Room(s)
Gymnasium	Other
Library	OtherSpecial Setup
6. Date Facilities Requested (Month/Da	y/Year)
7. Beginning Time of Program/Activity	y/Year)Ending Time
(Applicant running the program/activities beginning time noted above.)	ity is requested to arrive no earlier than <u>20 minutes</u> prior to the
8. a) Anticipated Number of People in	Attendance
b) Audience Composition: General	Adult Students/Grades
the school building, and agree to abide b	East Amwell School District Board of Education for the use of them. We further understand that event parking is limited

In the event of an emergency, an Automatic External Defibrillator Unit (AED) is located in the hallway outside the Gym in a wall-mounted cabinet. (Open door using handle to gain access.)

As a condition for the use of the premises of the East Amwell School, the undersigned expressly agrees to indemnify and save the Board of Education of East Amwell Township harmless from and against all demands, liabilities, suits or judgments of whatever kind or nature, and all costs or expenses in connection therewith including court costs, attorney's fees arising out of or resulting from death or injury to persons or loss, damage or injury to property caused or occasioned or claimed to be caused or occasioned directly or indirectly by or in connection with the use of the premises by the applicant.

NOTE: Except in emergencies, completed applications mu of the month prior to the function to receive attention at the	
(PERMISSION IS HEREBY GRANTED) (PERMISSION IS HE STATED ABOVE FOR THE USE OF THE SCHOOL AND IT APPLICATION.	EREBY DENIED) TO THE APPLICANT AS S FACILITIES AS REQUESTED IN THE
Estimated cost to the Applicant, if any:	
SUPERINTENDENT'S SIGNATURE (For the East Amwell	Date

See attached BOARD POLICY on Building Use.

Applicant, Supervisor Buildings/Grounds, School Business Administrator, Facilities Use File

Applicant's Signature _____ Date