

**Stillwater Township Board of Education**

**FACILITY USE APPLICATION**

1. Submission Date: \_\_\_\_\_
2. Any extra costs as per schedule below will be borne by user.
  - a) Maintenance/Custodial fee - \$\_\_\_\_\_/hour
  - b) Extra lighting or sound system use requiring specialized personnel - \$\_\_\_\_\_event/ per system
  - c) Any moving, setup, etc., will be provided by user or will pay costs incurred by the BOE
  - d) Any damage will be assessed and charged as per cost incurred.

3. Individual making request: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ EMAIL: \_\_\_\_\_

4. Information:
  - a) Facility requested: \_\_\_\_\_
  - b) Date(s): \_\_\_\_\_ approximate number of people attending \_\_\_\_\_
  - c) Event & Activities Planned: \_\_\_\_\_  
\_\_\_\_\_

Sponsoring organization: \_\_\_\_\_

- d) Hours of use: \_\_\_\_\_ to \_\_\_\_\_
- e) Will this request require any services (as per #2) or specialized use? Yes No
- f) A conference with School Officials may be required for all uses and fee assessment.
- g) Please forward Summary of events and any promotional documents to \_\_\_\_\_, Business Office

All users are required to maintain, in addition to any insurance required by law, Comprehensive Liability insurance, in an amount not less than \$1,000,000 per occurrence. The Stillwater Township Board of Education must be named as an additional insured on this policy. A certificate of insurance as described must be provided before the facility is used. Failure to enforce the required production of the certificate will not void users' obligation to provide the insurance as aforesaid. In addition, by making this application, user agrees, that should this application be granted, user will indemnify, hold harmless, and defend the Stillwater Township Board of Education against any and all demands, claims, damages, fees, cost and liabilities of any kind (including but not limited to attorneys fees) to the fullest extent permitted by law.

**With respect to use of the facilities for any athletic activity, all users will be supplied a copy of the Board of Education's policy on concussion testing and return to play. The user agrees and certifies that it will comply with this policy for the management of concussions and other head injuries**

All prospective users must provide a minimum of two weeks notice.

Signature of Sponsoring Organization Official: \_\_\_\_\_ date \_\_\_\_\_

**OFFICE USE ONLY**

Conflict  No Conflict  Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Needs to be rescheduled

Contact Office for more information  Special fees: \_\_\_\_\_

Approved  Disapproved  \_\_\_\_\_  
AUTHORIZED SIGNATURE BOE DATE