

**APPLICATION
USE OF SCHOOL FACILITIES**

**Bloomsbury Elementary School
20 Main Street, PO Box 375
Bloomsbury, NJ 08804**

Name of Organization _____ Date _____

Address _____

Dates Requested _____ Number of People to Use Facility _____

Time: From _____ To _____ Purpose _____

Facilities Desired

_____ All-Purpose Room
_____ Classroom(s)
_____ Restrooms
_____ Library
_____ Stage

Equipment Desired

_____ Chairs – Number Needed _____
_____ Microphone
_____ Piano
_____ Tales(s) – Number Needed _____

School Equipment Desired

Liability Insurance _____ Policy Number _____
Company

The applicant has read, understands and accepts all conditions set forth under Board of Education Policy #707 – USE OF SCHOOL FACILITIES.

Signature of Organization Representative

Date

Mailing Address

Telephone Number

Chief School Administrator's Recommendation

_____ Approved
_____ Unapproved
_____ No Fee
_____ Fee

Signature of Chief School Administrator

Copies to: _____ File _____ Organization _____ Custodian