

MIDDLETOWN TOWNSHIP PUBLIC SCHOOLS
P.O. Box 4170, MIDDLETOWN, NJ 07748
(732) 671-3850 FAX (732) 291-1035
www.middletownk12.org

SCHOOL FACILITIES PERMIT APPLICATION

Application is to be filed at least **FOURTEEN CALENDAR DAYS** before the date of requested use
By Submitting this application, applicant agrees to comply with:

1. Policy on Use of School Facilities (No.7510)
2. Regulations Governing Use of School Facilities (No. R 7510)
3. Current Fee Schedule

NOTE: Facility Use Fee and Estimated Custodial Overtime **may be required** prior to the issuance of the Permit.
Otherwise, fee and custodial overtime is payable immediately upon the organization's receipt of an invoice from the Business Office.
FACILITIES USE IS NOT AVAILABLE DURING THE SCHOOL DAY OR WHEN SCHOOL IS CLOSED

Name of Sponsoring Group _____ Name of Applicant _____

Group Address _____ Applicant Address _____

Name of Chief Officer _____ Home Phone _____

Cell Phone: _____

Business Phone _____ fax: _____ email address: _____

School Requested _____ Facility Requested _____

Date(s) Requested _____

Type of Organization _____ School Associated _____ Community _____ Religious _____ Other _____
_____ Not-for-Profit _____ Profit Making

Time Requested _____ to _____

Activity Planned _____

Are you planning to sell food? _____ Note: A Middletown Dept of Health Temporary Food Handling Permit is required. Contact the Middletown Dept of Health for details.

Number of Attendees: _____ Admission Price _____ Admission Proceeds to be used for what immediate purpose _____

Remarks: _____

Security fees:

Security Director Approval:

Non-School related applicant (Class II or Class III user) agrees that it shall be solely liable for any claims for personal injury or property damage arising out of its use of school facilities. Applicant agrees that it shall hold harmless and indemnify the Board of Education against any such claims. In addition, a **Certificate of Liability Insurance** against property damage and personal injury, naming the Middletown Township Board of Education as an additional insured for purposes of the use of school facilities as set forth in this application, will be required prior to the issuance of a Permit.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PRINCIPAL _____ DATE _____

DATE RECEIVED _____ BOARD SECRETARY (*initialed*) *Approved* _____ or *Denied* _____