

Warren County Technical School
1500 Route 57
Washington, NJ 07882
Contact: Heather Goguen 908-835-2817
goguenh@wctech.org

THE BOARD OF EDUCATION RESERVES THE RIGHT TO WAIVE CHARGES

Where applicable, outside organizations *must* submit this request with a copy of a valid insurance certificate. All guests *must* use the main entrance unless otherwise indicated. Parking is available on the west side of the building. *Do not park in the Library parking.*

FEE SCHEDULE ATTACHED

Date of Function: _____

Applicant's Name: _____

Telephone/Email Address: _____

Name of Organization: _____

Purpose of Function: _____

Function Start Time: _____ Function End Time: _____

Application Date: _____

Admission Charge: _____

No. of people attending: _____

Insurance Certificate: Yes___ No___

Name and Policy Number of Insurance

Company _____

Use of Proceeds: _____

If you are a teacher or staff member at Tech, what location do you need in the school?

Signature

Date

Administrative Approval for teacher/staff member use: _____

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LOCATION: Please circle which location you are requesting and the appropriate dollar amount.

Date of Function: _____

Rental Fees

Facility	Non-Profit No Admission	Non-Profit Admission	Profit Making Organizations Charge or Collection	Accredited Education Institution Charge or Collection
Kitchen	\$75	\$100	\$200	\$75
Cafeteria	\$100	\$150	\$250	\$100
Gymnasium	\$100	\$200	\$240	\$100
Athletic Field	\$100	\$200	\$400	\$100
Classroom (each)	\$50	\$75	\$100	\$50
Theater	\$200	\$250	\$300	\$299
Knights Café	\$200	\$200	\$200	\$300
Main Parking Lot	\$200	\$200	\$300	\$100

Exhibit D

SCHEDULE OF PERSONNEL CHARGES FOR USE OF SCHOOL FACILITIES

Person	Weekdays Prior to 11:00 P.M.	Weekdays After 11:00 P.M. & Saturdays	Sundays & Holidays	How Many Hours Do You Need?
Custodian (2 hour minimum)	\$20.00/hr Avg. Straight	\$30.00/hr Time & one-half	\$40.00/hr Double Time	
Athletic Director	\$45.00/hr- 1hr Minimum			
Cafeteria Aide	\$12.00/hr	\$18.00/hr	\$24.00/hr	
Food Director	\$35.00/hr	\$45.00/hr	\$70.00/hr	
Technician	\$35.00/hr	\$45.00/hr	\$70.00/hr	
Tech Aide	\$10.00/hr	\$15.00/hr	\$20.00/hr	
Light Board Fee	\$25.00/hr	\$25.00/hr	\$25.00/hr	
State Police	\$90.00/hr Minimum 4 hours payment			

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PLEASE FILL OUT ONLY IF APPLICABLE TO YOUR EVENT

LOCATION - Please circle Cafeteria Knights Café

Date of function: _____ Time: _____

Is food service needed: Yes No

If yes, please include menu, special items and/or any other pertinent information on a separate sheet. Please contact Pedro Fortun at least one week prior to the event to confirm your menu, date and final guest count.

Email: fortunp@wctech.org
 Phone: 908-835-2806

Number of Guests: _____

Type of Function: Please check one of the following boxes:

Coffee/Danish	Lunch	Dinner	Other: Please specify
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The undersigned person agrees to accept the responsibility for the payment of fees and charges and the observance of regulations governing the use of the school facilities. Per Board policy, we are required to arrange for security coverage for traffic and crowd control when necessary. It will be mandatory when 75 or more persons are using the facilities. The NJ State Police is responsible for this security. The rate for such an event is \$90 per hour with a four hour minimum. Please acknowledge by signing below.

Signature of Applicant	Title	Date
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Signature of Hospitality Instructor Date

Administrative Acknowledgement

Approved	Denied	Maintenance Approval	Scott Pohl
Approved	Denied	Vice Principal	Geta Vogel
Approved	Denied	Chief School Administrator	Bob Glowacky
Approved	Denied	Business Administrator	Ed Zalewski

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LOCATION – Please circle Theater Lobby

Date of function: _____

It is understood that when renting the Theater, you might have to work around sets that are on the stage as our Theater Arts Students might be in rehearsals for the daytime program. Use of stage lights and light board will be an extra charge. You will need to contact Jan Labellarte to coordinate the service at 908-835-2849.

Email: labellartej@wctech.org
 Phone: 908-835-2849

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Signature of Applicant	Title	Date
------------------------	-------	------

Signature of Theater Arts Instructor Date

Administrative Acknowledgement

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LOCATION – Please check off

Gymnasium _____

Athletic Field _____

Main Parking Lot _____

Classroom _____ How Many? _____

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Signature of Applicant _____ Title _____ Date _____

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