

OXFORD TOWNSHIP SCHOOL DISTRICT

17 Kent Street

Oxford, New Jersey 07863

Request for Use of School Facilities (File Code 1330R)

Complete form in its entirety and submit to the Main Office **AT LEAST 10 DAYS IN ADVANCE OF EVENT**. No activity may take place until Board approval has been granted.

Organization/Group: _____ **Date of Application:** _____

Check One: School Related _____ Community Related _____ Governmental _____ Private _____

Check One: Non-Profit _____ Profit _____

Purpose of Activity: _____

Adult in Charge: _____ **Contact Phone #:** _____

Estimated number of enrollees/participants at any one time: _____ Number of adult chaperones _____

Name of Insurance Carrier: _____ Policy #: _____ Expiration Date _____

Date(s) for Use of Facilities:

Time Requested:

September: _____

October: _____

November: _____

December: _____

January: _____

February: _____

March: _____

April: _____

May: _____

June: _____

Areas Requested:

_____ Classroom _____ Kitchen (fee applies) _____ Multi-Purpose Room (Cafeteria)

_____ Gymnasium _____ Media Center _____ Athletic Field/playground _____ Other
(please specify)

Other Areas Requested/Special Requests:

CSA Approval _____ Date _____

Board of Education Approval Date _____

I HAVE RECEIVED A COPY OF THE OXFORD TOWNSHIP BOARD OF EDUCATION'S USE OF SCHOOL FACILITIES POLICY AND REGULATIONS (#1330R) AND AGREE TO ADHERE TO THEM AS STATED.

Signature of Authorized Applicant

Date

Copies to: ___ Applicant ___ Custodian