



Keansburg Board of Education
INTERNAL REQUEST
Facility Use Application and Agreement

Office Use Only:

Today's Date: _____

Submitted By / Responsible Person _____

Emergency Contact Number (Mobile) _____

Email Address _____

Position in District _____

Authorized Keansburg BOE Employee (Please Print) _____

Authorized Keansburg BOE Employee Signature _____

By submitting this form, Responsible Party acknowledges receipt of the Keansburg BOE Board Policy 7510 and agrees to all Rules and Regulations pertaining the use of Keansburg School facilities. [Note: Facilities are not available to outside groups when school is in session; when schools are closed to inclement weather; during school holidays (including the day preceding a school holiday). If YOU wish to cancel in case of inclement weather, please call the Business Administrator at 732-787-2007 ext. 2400 at least 3 hours prior to the scheduled building use.]

Event Location: _____ Estimated Attendance: _____ # of Chaperones: _____

Event Description:

Will food or beverages be offered at this event? ☐ YES ☐ NO

Will the event require special equipment or setup? ☐ YES ☐ NO

Custodian or Grounds Keeper Special Instructions (Please email facilities@keansburg.k12.nj.us with any special instructions or needs for the event)

Technology Department Audio/Video Special Instructions (Please email support@keansburg.k12.nj.us with any special needs for the event)

Day(s) of Week: ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ SA ☐ SU

Time Frame: _____ to _____

Start Date: _____ End Date: _____ Frequency of Event: ☐ Once ☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly

*If this is a night event please arrange for a police officer to attend

Principal _____

Date _____

Athletic Director _____

Date _____

Board Secretary _____

Date _____

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Only:

Request Special Set Up / Instructions

Set Up Diagram

Keansburg Board of Education
100 Palmer Place
Keansburg, New Jersey 07734
732-787-2007 X2400
FAX 732-787-4399

USE OF PREMISE INVOICE - COMMUNITY

Organization: _____

Applicant Name: _____

Address: _____

Phone # _____ Email _____

| <u>Date</u> | <u>Time: From-To</u> | <u>Total Hours*</u> | <u>Total</u> |
|-------------|----------------------|---------------------|--------------|
| | | @ \$45 + 1 hour | |
| | | @ \$45 + 1 hour | |
| | | @ \$45 + 1 hour | |
| | | @ \$45 + 1 hour | |
| | | @ \$45 + 1 hour | |

TOTAL DUE _____

***All hours of use are increased by 1 hour as custodians are present to clean-up.**

Organization Representative Signature

Date

Business Office Representative

Date