

Deerfield Township Elementary School
P. O. Box 375, 419 Morton Avenue
Rosenhayn, New Jersey 08352
(856) 451-6610 ~ Fax (856) 451-6720

FORMS MUST BE COMPLETED IN ENTIRETY AND MUST BE RECEIVED BY THE MAIN OFFICE
ONE WEEK PRIOR TO THE UPCOMING BOARD MEETING

COMMUNITY USE OF FACILITIES

Name of Group/Organization: _____

Person(s) in charge and who assumes responsibility:

Name: _____

Address: _____

Phone Number: _____

Nature of Event: _____

Date(s): _____

Time(s): _____

Rehearsals/Practices/Set-Up (if applicable):

Date(s): _____

Time(s): _____

Expected length of event: _____ Will admission be charged: _____

Exact parts of the grounds/facility to be used: _____

Request for use of school equipment, sound system, lighting, lavatories, tables, chairs etc.: _____

Attach a copy of ALL permission slips, flyers, notices, ect. that will be used for this request along with a Certificate of Insurance for legal liability (required for outside groups).

Signature of adult and applicant in charge agreeing to follow rules and regulations in Policy #1330 (attached).

Signature: _____ Date: _____

For Office Use Only:

Approved by: _____ Date: _____

Copy to: ☐ Assistant Principal ☐ Custodial/Maintenance ☐ School Business Administrator
☐ Other

Use the diagram below to provide us with the lay-out of the area you will be using and please be specific will ALL the furniture placement and room set up.

List any additional information _____

