## KG-Form (Formerly R2-42 F) USE OF ESSEX COUNTY PUBLIC SCHOOLS FACILITIES

Name of organization					
Name of person making application	on				
Address of applicant					
Telephone number of applicant _					
Location & Area Requested (Plea	se check)				
<u>T.E.S.</u>	EI.S.	<u>E.H.S.</u>	School Board Office		
Gym (\$25/hr.)	Gym (\$35/hr.)	Gym (\$40/hr.)	Board Room		
Cafeteria (\$25/hr.)	Cafeteria (\$25/hr.)	Cafeteria/Commons (\$25/hr.)	(\$25/hr.)		
Kitchen (\$50/hr.) *	Kitchen (\$50/hr.)	Kitchen (\$50/hr.)	Conference Room		
* Food Service Required (\$30/hr.)	* Food Service Required (\$30/hr.)	* Food Service Required (\$30/hr.)	(\$25/hr.) * Food Service Required (\$30/hr.)		
Classroom (\$10/hr.)	Classroom (\$10/hr.)	Classroom (\$10/hr.)			
		Auditorium (\$60/hr.) *  * Audio Visual Required (\$30/hr.)			
	Fields (specify)	Fields (specify)			
NOTE: Custodial services are required for all facility use to include ½ hour prior to and ½ hour following the hours required for use. (\$30.00/hr.) Payment for these services are paid to ECPS.	NOTE: Custodial services are required for all facility use to include ½ hour prior to and ½ hour following the hours required for use. (\$30.00/hr.) Payment for these services are paid to ECPS.	NOTE: Custodial services are required for all facility use to include ½ hour prior to and ½ hour following the hours required for use. (\$30.00/hr.) Payment for these services are paid to ECPS.	NOTE: Custodial services are required for all facility use to include ½ hour prior to and ½ hour following the hours required for use. (\$30.00/hr.) Payment for these services are paid to ECPS.		
Date of use					
Event Time FromT	oSet U	Jp and Break Down Time From_	To		
Purpose for which facility will be	used (be explicit)				
Is this a fund raising activity?	Yes No				
Will you ask donations during the	e activity? Yes No				
What organization will benefit from	om funds raised, if any?				
Will any individual(s) benefit from	m funds raised through use of this	facility?Yes No			
Will you secure liability insurance to cover this activity?Yes No (A copy of the certificate must be attached to the					

original request for use of facilities.)

## **USE OF ESSEX COUNTY PUBLIC SCHOOLS FACILITIES - Continued**

List any special arrangements or equipment needed (Additional fees may apply)					
In addition to	existing furnishings, up	to 5 folding tables and	50 chairs are available. Please indicate here, if needed.		
COUNTY P	UBLIC SCHOOLS.		STRICTLY PROHIBITED ON THE PROPERTY OF ESSEX		
			ons governing use of facilities. After reading the attached regulations, inization as the person responsible to the School Board for use of the		
	ne Essex County School I All payments are made to		ning the use of public school facilities. I will abide by these rules and Schools.		
Date	Signature of Applicant				
OFFICE US	E ONLY	_			
Date Receive	d by School Board Offic		mend ApprovalYes No		
	Recommend Approva	alYesNo	Signature of Building Principal		
Date			Signature of Building Principal		
	Recommend Approva	alYesNo			
Date		103 <u></u> 110	Signature of Director of Facilities		
	December of Assessment	al Van Na			
Date	Recommend Approva	alYesNo	Signature of Superintendent or Designee		
		Auditorium	\$		
		Cafeteria/Commons	\$		
		Audio Visual	\$		
		Classroom	\$		
		Gym	\$		
		Kitchen	\$		
		Conference Room	\$		
		Board Room	\$		
		Kitchen Staff Fees	\$		
		Custodial Service Fee			

Full Payment for facility use is required to be made to ECPS at least one week prior to the event. If the event is cancelled, payment will be returned to the reserving organization. Failure to make advance payment will result in automatic cancellation of the event.

TOTAL COST