

**MOUNTAINSIDE SCHOOL DISTRICT  
2020-2021 APPLICATION FOR USE OF BUILDINGS AND GROUNDS**

Please complete this application, attach a copy of your Certificate of Insurance, and return both to the school's main office. Please feel free to print or type this application as you complete it. Please keep in mind all applications must be submitted at least 14 days before the facilities are needed. Approvals will be issued in accordance with the attached Mountainside Board of Education Policy 7510, Use of School Facilities, with approval notification to be sent via mail.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name of **Applicant**      Name of **Organization**      # of people      Date Application Submitted

Circle one: Beechwood Deerfield \_\_\_\_\_  
 School      All Areas Requested (gym, kitchen, bathrooms, etc.)

\_\_\_\_\_  
 All equipment/furniture requested (projectors/chairs/tables/etc.)-attach a diagram for special arrangements

\_\_\_\_\_  
 Preferred entrance/exit doors      Indicate set up & clean up times (start/end)

\_\_\_\_\_  
 Day(s) of Week for Use      Month/Date/Year      Actual event times (start/end)

Should this application be for a series of activities/events, please list all dates and hours for each:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are the requested facilities to be used for (e.g. meeting, conference, game, training)? \_\_\_\_\_  
 \_\_\_\_\_

Will there be a fee for admission or donations received? If so, how much per person? What will the fees or donations be used for? \_\_\_\_\_  
 \_\_\_\_\_

The applicant's signature indicates that he/she agrees to adhere to the provisions detailed in the attached Mountainside Board of Education Policy 7510, Use of School Facilities. Specific to emergency school closings that prompt the cancelation of use of facilities, it is the responsibility of the applicant to contact impacted parties. Availability will be based on the district calendar.

\_\_\_\_\_  
 Applicant's Signature      Address      Phone #      Email

\_\_\_\_\_  
 Additional Supervisor(s)      Address      Phone #      Email

**SIGNATURES FOR APPROVALS: (THIS SECTION IS FOR SCHOOL OFFICIALS ONLY)**

\_\_\_\_\_  
 \_\_\_\_\_  
 Sup. of Maint./Custodial Services – Sign & Date      Building Administrator – Sign & Date

\_\_\_\_\_  
 \_\_\_\_\_  
 School Secretary – Sign & Date      Superintendent – Sign & Date