

**Mansfield Township School District**

200 Mansfield Rd. East

Columbus, NJ 08022

**Facility Use Application**

**Application must be received 30 days prior to event for Board Approval  
For District Staff submit 7 days prior to event**

Facility Availability Weekdays - MTES 6:15 p.m. - 9:30 p.m. - JHES 6:15 p.m. - 8:30 p.m.

Facility to be used (Name of School): \_\_\_\_\_

Indicate area(s) to be used (circle area)

Gymnasium Cafeteria Kitchen Library Art Room(MTES only) Lobby Athletic Field

Other \_\_\_\_\_

Time of Use (include any set-up time): from \_\_\_\_\_ to \_\_\_\_\_

Date(s) of use \_\_\_\_\_

Name of Organization (Scouts include den or troop #) \_\_\_\_\_

Purpose of Use: \_\_\_\_\_

Person in Charge: \_\_\_\_\_

Will There Be Food or Drink: (circle) YES NO

Estimated Attendance: \_\_\_\_\_ Number of Adult Chaperones: \_\_\_\_\_

**Children must be supervised at all times**

**\_\_\_\_\_ Set-up requested (Refer to Regulations for fee schedule) only  
equipment listed on this form will be provided.**

\_\_\_ Folding Chairs \_\_\_ # required

\_\_\_ TV/VCR

\_\_\_ Folding Tables \_\_\_ # required

\_\_\_ DVD

\_\_\_ Bleachers

\_\_\_ LCD projector

\_\_\_ Scoreboard

\_\_\_ Microphone

List any additional special equipment or seating arrangements needed: \_\_\_\_\_

**INSURANCE REQUIREMENTS**

All applicants for buildings and grounds use in the Mansfield Township School District **MUST** meet the insurance requirements as set forth in the regulations for facility use. No application for use will be processed without an insurance certificate meeting said requirements. No facility use will be approved beyond the effective date of the insurance certificate. It is the sole responsibility of the applicant to produce a copy of the required insurance certificate.

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As a representative of the applicant, the undersigned has read the Facility Use Regulations and agrees to use the facility in accordance with those regulations and the policies of the MANSFIELD TOWNSHIP BOARD OF EDUCATION and is willing to accept the responsibility for their enforcement. Further that they assume the responsibility for the preservation of order in said facility and liability for any damage thereto or loss of property that may accrue. The Board of Education reserves the right to revoke any privileges for use of facilities to any organization who fails to abide by the regulations.

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Applicants email address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home Phone Cell Phone Work Phone

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

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## Administrative Use Only

Classification of user:    I    II    III

Requested use: \_\_\_\_\_Approved \_\_\_\_\_Denied

\_\_\_\_\_  
(Facilities Manager) (Date)

\_\_\_\_\_  
(Food Service Director)  
If applying for kitchen

Billable: YES    NO