

Cherry Hill Public Schools

Attn: Alisha Wilson - Administration Building
45 Ranoldo Terrace Cherry Hill, NJ 08034

(856) 429-5600 Ext. 4348 ~ FAX (856) 616-9675

PERMIT # _____

Application Date

____/____/____

APPLICATION FOR COMMUNITY USE OF FACILITIES

INDOOR _____ OUTDOOR _____

Applicant/Organization _____

Contact Person _____

PHONE (____) ____ - _____

Onsite Contact _____

CELL (____) ____ - _____

Billing Address _____

EMAIL ADDRESS _____

NAME OF EVENT _____

SCHOOL REQUESTED _____

ROOMS REQUESTED _____

FIELDS REQUESTED (# AND TYPE) _____

HOURS REQUESTED _____

DATES REQUESTED _____

EXCLUDED DATES _____

NUMBER OF EXPECTED ATTENDANCE _____

SPECIAL SETUP (EQUIPMENT, CHAIRS, TABLES, ETC.) _____

SOUND AND LIGHTING REQUEST (CIRCLE ONE) YES/NO AN EMPLOYEE OF THE DISTRICT WILL BE THE ONLY PERSON TO OPERATE

I SUBMIT THIS APPLICATION AS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT/ORGANIZATION. I ACKNOWLEDGE RECEIPT OF THE FACILITY RULES AND REGULATIONS AND AGREE TO PAY USAGE FEES.

APPLICANT SIGNATURE _____

*****SECTION BELOW FOR SCHOOL USE ONLY*****

Application Received ____/____/____ Insurance Certificate Received ____/____/____

Tech Required _____ Classification _____

Security Required _____ Number of Custodians _____ Authorized Approver _____