Cherry Hill Public Schools
Board of Education
45 Ranoldo Terrace
Cherry Hill, NJ 08034

(856)-429-5600 x 4348 ~ FAX (856)-354-1864
Attn: Alisha Wilson

PRELIMINARY APPLICATION FOR USE OF SCHOOL FACILITIES

ORGANIZATION: _____

AUTHORIZED REPRESENTATIVE: _____

ADDRESS: STREET: _____

CITY: _____ ZIP: _____

PHONE:(WORK) _____ (HOME) _____

PURPOSE OF USE:

_____ **Email:**

DATES: FROM	TO	DAY(S)	HOURS FROM	TO	FACILITY REQUESTED	AREA(S)
EXCLUDED DATES:						

***#11. The Board reserves the right to add additional charges for energy consumption.

**#17. When technical equipment or school equipment is used extensively, a designated school employee must be present and have strict supervision of its use. The cost of the employee will be determined by the Board of Education and will be noted on the application.

ESTIMATED ATTENDANCE: ADULTS: _____ CHILDREN _____

EQUIPMENT NEEDED: _____

FEES QUOTED: _____

COMMENTS: _____

_____

_____

_____

_____

_____

_____

DATE: _____ COMPLETED BY: _____

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

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

Asst. Supt. For Business X _____