

**SWEDSBORO-WOOLWICH SCHOOL DISTRICT**  
**ADMINISTRATION OFFICES**  
15 FREDRICK BOULEVARD  
WOOLWICH TOWNSHIP, NJ 08085  
Phone: 856-241-1552 Fax: 856-467-7041  
WW -WOOLWICH.COM

Kristin P. O'Neil, Ed. D  
Superintendent of Schools

Christopher J. DeStratis  
School Business Administrator

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**APPLICATION FOR USE OF FACILITY**  
**Board Policy # 1330**

1. NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

2. NAME OF PERSON ASSUMING RESPONSIBILITY FOR USE OF FACILITIES

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

3. SPECIFIC PURPOSE FOR WHICH FACILITIES ARE REQUESTED: **(Must be filled out)**

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

4. RENTAL DATES AND EXACT HOURS OF USE:

DATE (S) FROM: \_\_\_\_\_ TO \_\_\_\_\_

TIME FROM: \_\_\_\_\_ TO \_\_\_\_\_

DATE (S) FROM: \_\_\_\_\_ TO \_\_\_\_\_

TIME FROM: \_\_\_\_\_ TO \_\_\_\_\_

DATE (S) FROM: \_\_\_\_\_ TO \_\_\_\_\_

TIME FROM: \_\_\_\_\_ TO \_\_\_\_\_

5. IS ADMISSION TO BE FREE? YES \_\_\_\_\_ NO \_\_\_\_\_

6. ANTICIPATED NUMBER OF ATTENDEES: \_\_\_\_\_

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**FACILITY & EQUIPMENT REQUESTED**

- \_\_\_\_\_ MARGARET CLIFFORD SCHOOL
- \_\_\_\_\_ GOV. CHARLES C. STRATTON SCHOOL
- \_\_\_\_\_ GEN. CHARLES HARKER SCHOOL
- \_\_\_\_\_ WALTER HILL SCHOOL

**MULTI PURPOSE ROOM/CAFETERIA/GYM:** (must specify Cafeteria or Gym for Harker)

Needed:

- |                              |                        |                 |
|------------------------------|------------------------|-----------------|
| _____ Sound System           | _____ Projector/Screen | _____ Bleachers |
| _____ Score Clock            | _____ Score Board      | _____ Podium    |
| _____ Chairs- # needed _____ |                        |                 |
| _____ Tables- # needed _____ |                        |                 |

Other Requests:

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**MEDIA CENTER/LIBRARY**

Needed:

- |                              |                        |
|------------------------------|------------------------|
| _____ Sound System           | _____ Projector/Screen |
| _____ Chairs- # needed _____ |                        |

Other Requests:

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**CLASSROOM (S)**

\_\_\_\_\_ # needed

**ATHLETIC FIELD (S)**

\_\_\_\_\_ # needed

**KITCHEN** (See Use of Kitchen Facilities Checklist- Page 3)

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**USE OF FACILITY FEES**

FACILITY	COST
Kitchen	\$150.00 + staff time if using equipment
Library	\$200.00
Classroom	\$150.00
Conference Room	\$100.00
Multipurpose Room/Cafeteria/Gym	\$450.00 or split \$250 stage side/\$200 non-stage
Cafeteria (Harker Only)	\$450.00
Gym (Harker Only)	\$500.00

**\*\*ALL FEES ARE STATED ON A PER EVENT BASIS. EVENTS ARE NOT TO EXCEED 11 HOURS\*\*  
 \*\*CUSTODIAL FEES MAY BE ASSESSED WHEN OPERATION OF THE BUILDING IS DONE FOR THE  
 EXCLUSIVE USE OF THE USER AT A RATE OF \$31.00/HOUR\*\***

**USE OF KITCHEN FACILITIES CHECKLIST**

<input type="checkbox"/> Baked Ovens	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Meat Slicer
<input type="checkbox"/> Small Equipment	<input type="checkbox"/> Slicer/Shredder	<input type="checkbox"/> Coffee Pots
<input type="checkbox"/> Refrigerators	<input type="checkbox"/> Steam Table	

**Note 1:** If the kitchen is to be used, **THERE MUST BE A FOOD SERVICE REPRESENTATIVE ON HAND TO RUN THE EQUIPMENT.** Please contact Food Service Director, Michelle Barnabie, at 856-241-1552 ext 1097 for scheduling and fees.

**Note 2:** Swedesboro-Woolwich Employees who run camps and charge participants, will be charged \$150.00 weekly and must provide the insurance certificate as required by board policy.

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**SIGNATURE PAGE**

As a representative of the applicant, the undersigned agrees to the use of district facilities and equipment as stated on this form, in accordance with the policies and rental rates of the Board of Education.

**NOTE: The board assumes no responsibility for any personal injury, loss of personal property, or damage to property of others. The Organization must file a Certificate of Insurance verifying that they are covered with a minimum general liability of \$1,000,000 per each occurrence/\$3,000,000 general aggregate and showing the Swedesboro-Woolwich Board of Education as an additional insured on the certificate.**

**As required by New Jersey Administrative Code 5:18-2.7 (a), a copy of the fire permit is to be returned to the office of the School Business Administrator two (2) working days prior to the date (s) requested.**

**For nonprofit organizations you must supply the board with a copy of the 501C documentation.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

\_\_\_\_\_ **Certificate of Insurance is enclosed. The application will not be processed without a valid Certificate of Insurance.**

\_\_\_\_\_ **501C Documentation is enclosed. (if applicable)**

**For Office Use Only**

- \_\_\_\_\_ Certificate of Insurance Received
- \_\_\_\_\_ Fire Permit Received
- \_\_\_\_\_ 501 Documentation Received (if applicable)
- \_\_\_\_\_ Board Approval
- \_\_\_\_\_ Superintendent Approval
- \_\_\_\_\_ Scheduled on Facilities Calendar
- \_\_\_\_\_ Organization Notified