



# Willingboro Public Schools

Where Excellence is the Expectation

## APPLICATION FOR USE OF SCHOOL FACILITIES

NAME OF ORGANIZATION:

PERSON RESPONSIBLE (MUST BE A WILLINGBORO RESIDENT):

\_\_\_\_\_

\_\_\_\_\_

ADDRESS:

ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS:

EMAIL ADDRESS:

\_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_

DATE(S) AND TIME REQUESTED (THE DISTRICT WILL ADD ONE HOUR BEFORE AND AFTER THE TIME REQUESTED FOR SET UP AND CLEAN UP): \_\_\_\_\_

SCHOOL REQUESTED:

- ELEMENTARY \_\_\_\_\_  
NAME OF SCHOOL
- J.A COTTEN \_\_\_\_\_
- MEMORIAL \_\_\_\_\_
- WILLINGBORO HIGH SCHOOL \_\_\_\_\_

ROOM(S) – AREA(S) REQUESTED (CLASSROOM, AUDITORIUM, CAFETERIA, MULTI-PURPOSE ROOM, FIELD, GYMNASIUM)

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

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

TYPE OF EVENT (INCLUDE A DETAIL DESCRIPTION OF EVENT AND HOW FEES COLLECTED- IF APPLICABLE WILL BE USED)

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

NUMBER OF EXPECTED ATTENDANCE: \_\_\_\_\_

WILL ADMISSION BE CHARGED (Y/N) \_\_\_ FEE: \_\_\_\_\_

SETUP REQUEST (CHAIRS, TABLES, ETC.)

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



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## APPLICATION FOR USE OF SCHOOL FACILITIES

By affixing my signature below, I agree that I have received a copy of the Willingboro Board of Education "Use of School Facilities POLICY 7510" and Indemnity Agreement for Use of School Facilities and read both documents. I will comply with all the rules and regulations set forth by the Willingboro Board of Education.

\_\_\_\_\_  
Signature – Person Responsible

\_\_\_\_\_  
Signature – Officer of Organization

**INSURANCE CERTIFICATE AND FIRE PERMIT MUST BE ATTACHED**

TIME DATE STAMPED

FOR INTERNAL USE ONLY

\_\_\_\_\_  
Signature – Assistant Superintendent for Business

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Facilities Manager

\_\_\_\_\_  
Date

### Facility fee schedule:

All rentals are a minimum of (4) hours.

Classroom:		\$25.00 per/hour
Multi-Purpose Room:		\$30.00 per/hour
Cafeteria:		\$65.00 per/hour
Kitchen:		\$30.00 per/hour
Gymnasium:	Intermediate and Middle. High School	\$65.00 per/hour \$75.00 per/hour \$500 Security Deposit – Returned if no damage
Auditorium:	H.S.	\$85.00 per/hour \$500 Security Deposit – Returned if no damage
Athletic Field:	High School Middle School	\$85.00 per/hour per/field \$65.00 per/day per/field
High School Stadium:	(includes Lights) Sound/Score Board	\$100.00 per/hour \$200.00 per event (operated by district staff only)
Staff Coverage:	Maintenance/Utility Custodial Security Audio/Visual Tech Kitchen Staff	\$35.00 per/hour per/person \$35.00 per/hour per/person \$35.00 per/hour per/person \$55.00 per/hour per/person \$24.00 per/hour per/person



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NOTE: All facility use rentals require appropriate staff coverage, for which there is a fee. Staffing charges begin (1) hour before until (1) hour after completion of the event.

There shall be three categories of organizations requesting use of facilities, and each organization shall be charged the prevailing rate for its respective category as established by the Board. The categories and their respective criteria are:

CLASS "A" any Willingboro Township nonprofit organization whose sole purpose is to advance Willingboro Township or benefit the interest of the schools or youth of Willingboro Township and senior citizens.

CLASS "B" any local organization whose sole purpose is for the social, civic, or charitable benefit of Willingboro Township as a community.

CLASS "C" any organization which does not fall into the above classifications whose purpose is to build up or benefit its own organization or interests.

### Reduction in Cost

Class A Group	\$10.00 reduction of hourly rate for cafeteria, gymnasium, and field.
Class B Group	\$5.00 reduction of hourly rate for cafeteria, gymnasium, and field
Class C Group	no reduction in hourly rates.

Groups that fall into Class A will be granted the use of facilities at no cost for practice sessions. The group may be required to pay the fee for personnel if required (security, custodians).

### Fees Charged

Building Fee	Name of Location	Cost Per Hour	Number of Hours	Total Cost
Building Fee	Name of Location	Cost Per Hour	Number of Hours	Total Cost
Building Fee	Name of Location	Cost Per Hour	Number of Hours	Total Cost
Security	Number of Security	Cost Per Hour	Number of Hours	Total Cost
Custodian	Number of Custodians	Cost Per Hour	Number of Hours	Total Cost

Total Cost	\$ _____
Down Payment	\$ _____ (due by _____)
Final Payment/Security Deposit	\$ _____ (due by _____)

Facilities Manager's Signature: \_\_\_\_\_