For official use on	ly:			I	Date(s) Not Available	
ID #	_			_		
			FOR FACILITIES U HIP PUBLIC SCHO			
FACILITY INFO	RMATION			FACILITY (	(Circle)	
Name of Facility _				Auditorium	Multi-purpose Room	
				Cafeteria	Classroom(s)	
Day of Week			Gymnasium Cafetorium			
Time From	1	To		Other	•	
Date(s)					on be Charged?	
Equipment Needed				Will a Participation Fee be Charged? Is this a Fundraising Activity?		
				Will Food be Served?		
ORGANIZATION	N INFORMATIO	ON		RENTAL FE	ES	
Name of Organizat	ion			Auditorium	\$1000/4 Hrs.	
				Additional Ho	urs \$200/Hr.	
Contact Person				Cafeteria/Cafe	•	
AddressZip 0			<b>,</b>	Multi-purpose Room \$600/4 Hrs. Gymnasium \$600/4 Hrs.		
Address		Zip Code	<b>/</b>	Additional Ho		
				Classroom	\$30/Hr.	
Telephone _( )_				*Kitchen	\$125/Hr.	
-				Custodian (eac	<i>ch</i> ) \$35/Hr.	
Purpose of Activity	/			Custodian (Sai	turday) \$55/Hr.	
					day/Holiday) \$70/Hr.	
Number of Attende	ees			Athletic Field	s \$100/Event	
				•	se only) \$50/Hr. Food Service Company	
use of District property. The applicant acknowled (#1330) and Insurance R 3) understands that the E Load Codes will be strict	ges that he/she 1) has bee equirements 2) has bee dison Township Polic ly enforced and that vio	received, has read, un en provided with the e & Fire Department collations will result in	legal occupancy loads of area ts will be notified one week p	e by the Board of E as requested for use prior to this event 4 building and possib	Education Building Use Policy and building occupancy load understands that Occupancy ble fines up to \$5,000 assessed	
Date						
(Арр	nicanis Signaiure)					
application to be der (For Office Use Only)	nied. Please attaci	h a self-addresse	etely. Any omission or i d stamped envelop.)	incorrect inforn	nation will be cause for	
Request Approved						
Request Denied			Daniel P. Michaud, Business Administrator  Date			
Legal Occupancy Lo			Security Depos			
Admission Charged		<del></del>	Event Deposit		<del></del>	
Food Served		<u> </u>	Insurance Certi	C"		
	D: : 1					
Copies Sent:	Principal Head Custodian		Co-Curricular Liaison Contact Person		ul Jenney ecurity	
Date	Athletic Director		Edison PD/FD		ood Service	
	Stadium Person		Edison DOH		her	
Custodial Use Only:	<del>-</del>					
Arrival Time:		Custodial Signa	ature		Date	
Departure Time:	re Time: Applicants Signature				Date	