

OXFORD TOWNSHIP SCHOOL DISTRICT
17 Kent Street, Oxford, N.J. 07863

Request for Use of Facilities Form

Complete form in its entirety and submit to the **Main Office** at least **10 days in advance of event.**

Note: No Activity may take place until approval has been granted.

Per Board Policy #1330- Administrator Approval _____ CATEGORY _____

Organization/Group: _____ Date of Application: _____

Adult in Charge:* _____

**Adult named must remain on premises during entire event.*

Address: _____

email : _____ Phone #: () _____

Insurance Carrier** : _____ Policy #: _____

*****If not previously provided, please attach a current Certificate of Liability Insurance naming Oxford Central School as additional insured (minimum \$1,000,000 and \$2,000,000 aggregate).***

Check One: _____ School Related _____ Community Related _____ Governmental _____ Private

Check One: _____ Non-Profit _____ Profit

Purpose of Activity: _____

Estimated number of enrollees/participants at any one time: _____ Number of adult chaperones _____ (One adult per 15 enrollees/participants.)

♥Janet's Law requires that team coach or other designated adult present during the athletic event or team practice, be trained in CPR and the use of an AED.♥

Adult(s) with training: _____

Date(s) for Use of Facilities:

Start Time ***

End Time ***

September: _____

October: _____

November: _____

December: _____

January: _____

February: _____

March: _____

April: _____

May: _____

June: _____

(***This is the earliest you will be admitted into the building and the time you are expected to vacate the building. If you require set-up or clean-up time, please indicate so.) **UNSUPERVISED CHILDREN WILL NOT BE ALLOWED TO ENTER THE BUILDING AT ANY TIME.**

