

LONG HILL TOWNSHIP BOARD OF EDUCATION  
759 Valley Road  
Gillette, New Jersey 07933

Phone: 908-647-1200

Fax: (908) 647-7818

Date: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Name of sponsor: \_\_\_\_\_

(person responsible for enforcing rules and regulations during the event)

Facility requested: \_\_\_\_\_

Capacities are:

|                    |     |                             |     |                           |     |
|--------------------|-----|-----------------------------|-----|---------------------------|-----|
| Central Auditorium | 434 | Millington All Purpose Room | 566 | Gillette All Purpose Room | 253 |
| Central Classroom  | 30  | Millington Classroom        | 30  | Gillette Classroom        | 30  |

Purpose for which facility is requested: \_\_\_\_\_

Date(s) of use (include all rehearsals, if any)

| <u>Day of week</u> | <u>Date</u> | <u>Purpose</u> | <u>Time</u> |           |
|--------------------|-------------|----------------|-------------|-----------|
|                    |             |                | <u>From</u> | <u>To</u> |
| _____              | _____       | _____          | _____       | _____     |
| _____              | _____       | _____          | _____       | _____     |
| _____              | _____       | _____          | _____       | _____     |

School equipment requested: \_\_\_\_\_

Admission to be charged: \_\_\_\_\_

Disposition of proceeds: \_\_\_\_\_

I have read the attached rules and regulations of the Board of Education and hereby agree to abide by and enforce them. I further agree to be responsible for any damages arising from use of these facilities.

Signature of sponsor: \_\_\_\_\_

Representing: \_\_\_\_\_

Address: \_\_\_\_\_

FOR OFFICE USE ONLY

Date checked and recorded: \_\_\_\_\_ RENTAL CHARGES: \_\_\_\_\_

Service charge: \_\_\_\_\_ No charge \_\_\_\_\_ Deposit required \_\_\_\_\_

Approved by the Superintendent \_\_\_\_\_

\_\_\_\_\_  
Secretary, Board of Education