

Winfield Township School

7 ½ GulfStream Ave, Winfield, NJ 07036 PH: (908)486 – 7410 FX: (908) 486- 4571

Applicant Information:		
Name of Organization:		Date:
Contact Person:	Day Phone:	Evening Phone:
Current Address:		
City:	State Zip	E- Mail

Purpose of request use of facilities:		
Please check the location you are interested in using:		
<input type="checkbox"/> Gym <input type="checkbox"/> Library <input type="checkbox"/> Softball Field <input type="checkbox"/> The Field <input type="checkbox"/> Classroom/s _____ <input type="checkbox"/> Other _____		
<input type="checkbox"/> Microphone/s _____ <input type="checkbox"/> Chairs _____ <input type="checkbox"/> Table/s _____		
Date(s) Requested	Day/s of Week	Time: (Charge of \$10 after 8pm and for every additional 1/2hr after 8pm)
From: ___/___/___ To: ___/___/___	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	___ <input type="checkbox"/> AM <input type="checkbox"/> PM TO ___ <input type="checkbox"/> AM <input type="checkbox"/> PM
From: ___/___/___ To: ___/___/___	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	___ <input type="checkbox"/> AM <input type="checkbox"/> PM TO ___ <input type="checkbox"/> AM <input type="checkbox"/> PM
From: ___/___/___ To: ___/___/___	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	___ <input type="checkbox"/> AM <input type="checkbox"/> PM TO ___ <input type="checkbox"/> AM <input type="checkbox"/> PM
From: ___/___/___ To: ___/___/___	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	___ <input type="checkbox"/> AM <input type="checkbox"/> PM TO ___ <input type="checkbox"/> AM <input type="checkbox"/> PM
From: ___/___/___ To: ___/___/___	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	___ <input type="checkbox"/> AM <input type="checkbox"/> PM TO ___ <input type="checkbox"/> AM <input type="checkbox"/> PM

Purpose of Use /Special Accommodations:
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I/We understand we are responsible for any loss or damage that occurs to the facility during our use and will be held liable to cost associated with repairs.	
Signature: _____	Date: _____

Revised March 2016

Office Use Only	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	B.A. Signature: _____ Date: _____