

OYSTER RIVER PUBLIC SCHOOLS FACILITIES RENTAL WAIVER FORM

NAME OF ORGANIZATION _____

ADDRESS _____

CONTACT PERSON & DAYTIME TELEPHONE _____

GROUP CLASSIFICATION:

1. GROUP I- SCHOOL/SCHOOL SPONSORED USE
2. GROUP II-COMMUNITY/COMMUNITY SPONSORED USE
3. GROUP III-SCHOOL/COMMUNITY AFFILIATED USE-NON-PROFIT 501(c)3 STATUS
4. GROUP IV-GENERAL USE PRIVATE OR COMMERCIAL-PROFIT

SCHOOL REQUESTED _____

ACTIVITY TO BE HELD _____

DATES REQUESTED _____

TIME(S) IN & OUT _____

WE WILL/WILL NOT CHARGE ADMISSION _____

INDIVIDUALS OR ORGANIZATIONS WILL/WILL NOT RECEIVE COMPENSATION _____

I/WE ARE REQUESTING A WAIVER OF:

1. FACILITY RENTAL FEE _____
2. CUSTODIAL FEE _____

FOR THE FOLLOWING REASON(S):

SIGNED _____ DATE _____

(APPLICANT)

FACILITIES OFFICE USE

DATE IS AVAILABLE YES/NO BUILDING USE PRIORITY ASSIGNED YES/NO

REGULAR RENTAL FEE _____ WAIVER AMOUNT REQUESTED _____

COMMENTS _____

FACILITIES DIRECTOR/DESIGNEE _____ DATE _____

SAU OFFICE USE

APPROVAL _____ DISAPPROVAL _____

COMMENTS _____

SUPERINTENDENT/DESIGNEE _____ DATE _____