

**OFFICE OF THE SUPERINTENDENT**  
**BYRAM TOWNSHIP SCHOOLS - APPLICATION FOR THE USE OF SCHOOL FACILITIES**

Name of Organization BYRAM TOWNSHIP RECREATION Date 08-07-25

Names(s) of Sponsor DEBORAH ARMENO

Name of the individual person held responsible for enforcing rules of the board of education:  
DEBORAH ARMENO

If this request is for more than one date, list the person(s) who will be in attendance and who will be held responsible for enforcing all rules of the board of education on each date:

Facility requested INTERMEDIATE SCHOOL FIELDS OUTDOORS  
(school) (room)

Purpose for which facility requested USA SPORTS PROGRAM - TRACK & FIELD

Dates of use SEPT 16 - OCT 28 (TUES) Time of use 3<sup>30</sup> P 5<sup>05</sup> P  
(from) (to)

Requests for special equipment should be specifically stated (piano, special lights, public address system, Wifi). If none, indicate by writing "none".

NONE

Will there be an admission charge? Yes ☒ No ☐ If "yes", how will the proceeds be used?

PAYS INSTRUCTORS

Estimated attendance 6-10 Certificate of Insurance included? Yes ☒ No ☐ ON FILE

The certificate of insurance must be on file with the Superintendent's Office prior to the date of use and must indicate the following: minimum protection \$1,000,000 single limit.

I have read and understand the policy of the board of education and rules and regulations for the use of school facilities and hereby agree to enforce them. I further agree to be responsible for any damage arising from the use of these facilities.

Signature of Sponsor 

Address of Sponsor 10 MANSFIELD DR

Telephone Number 973-347-2500 ext 160

Approved \_\_\_\_\_ Date Approved \_\_\_\_\_  
(Superintendent)

Custodial Charges \_\_\_\_\_ Cafeteria Charges \_\_\_\_\_ Other Charges \_\_\_\_\_

Total Charges \_\_\_\_\_ Payment Received \_\_\_\_\_

**NOTE:** All activities must be over and all persons out of the building by 11:00 P.M. unless extended by permission of the board of education.

With respect to use of the facilities for any athletic activity, all users will be supplied a copy of the Board of Education's policy #2431.4 on concussion testing and return to play. The user agrees and certifies that it will comply with this policy for the management of concussions and other head injuries.

☒ **PLEASE CHECK:** I have read, understand and will comply with all Policies, Regulations and Emergency Plans.

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**BYRAM TOWNSHIP SCHOOLS - APPLICATION FOR THE USE OF SCHOOL FACILITIES**

Name of Organization BYRAM TOWNSHIP RECREATION Date 08-07-25

Names(s) of Sponsor DEBORAH ARMENO

Name of the individual person held responsible for enforcing rules of the board of education:  
DEBORAH ARMENO

If this request is for more than one date, list the person(s) who will be in attendance and who will be held responsible for enforcing all rules of the board of education on each date:

Facility requested INTERMEDIATE SCHOOL FIELDS OUTDOORS  
(school) (room)

Purpose for which facility requested USA SPORTS PROGRAM - MULTI-SPORTS

Dates of use SEPT 13 - OCT 25 (SATURDAYS) Time of use 8<sup>00</sup> 12<sup>p</sup>  
(from) (to)

Requests for special equipment should be specifically stated (piano, special lights, public address system, Wifi). If none, indicate by writing "none".

NONE

Will there be an admission charge? Yes ☒ No ☐ If "yes", how will the proceeds be used?  
PAYS INSTRUCTORS

Estimated attendance 6-10 Certificate of Insurance included? Yes ☒ No ☐ - ON FILE

The certificate of insurance must be on file with the Superintendent's Office prior to the date of use and must indicate the following: minimum protection \$1,000,000 single limit.

I have read and understand the policy of the board of education and rules and regulations for the use of school facilities and hereby agree to enforce them. I further agree to be responsible for any damage arising from the use of these facilities.

Signature of Sponsor 

Address of Sponsor 10 MANSFIELD DRIVE

Telephone Number 973-347-2500 x160

Approved \_\_\_\_\_ Date Approved \_\_\_\_\_  
(Superintendent)

Custodial Charges \_\_\_\_\_ Cafeteria Charges \_\_\_\_\_ Other Charges \_\_\_\_\_

Total Charges \_\_\_\_\_ Payment Received \_\_\_\_\_

**NOTE:** All activities must be over and all persons out of the building by 11:00 P.M. unless extended by permission of the board of education.

With respect to use of the facilities for any athletic activity, all users will be supplied a copy of the Board of Education's policy #2431.4 on concussion testing and return to play. The user agrees and certifies that it will comply with this policy for the management of concussions and other head injuries.

☒ **PLEASE CHECK:** I have read, understand and will comply with all Policies, Regulations and Emergency Plans.



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Name of the individual person held responsible for enforcing rules of the board of education:  
DEBORAH ARMENO

If this request is for more than one date, list the person(s) who will be in attendance and who will be held responsible for enforcing all rules of the board of education on each date:

Facility requested INTERMEDIATE SCHOOL FIELDS OUTDOORS  
(school) (room)

Purpose for which facility requested USA SPORTS PROGRAM - PARENT ME

Dates of use SEPT 14 - OCT 26 (SUNDAYS) Time of use 8<sup>00</sup> 12<sup>00</sup>  
(from) (to)

Requests for special equipment should be specifically stated (piano, special lights, public address system, Wifi). If none, indicate by writing "none".

NONE

Will there be an admission charge? Yes ☒ No ☐ If "yes", how will the proceeds be used?

PAYS INSTRUCTORS

Estimated attendance 6-10 Certificate of Insurance included? Yes ☒ No ☐ ON FILE

The certificate of insurance must be on file with the Superintendent's Office prior to the date of use and must indicate the following: minimum protection \$1,000,000 single limit.

I have read and understand the policy of the board of education and rules and regulations for the use of school facilities and hereby agree to enforce them. I further agree to be responsible for any damage arising from the use of these facilities.

Signature of Sponsor 

Address of Sponsor 10 MANSFIELD DRIVE

Telephone Number 973-347-2500 EXT 160

Approved \_\_\_\_\_ Date Approved \_\_\_\_\_  
(Superintendent)

Custodial Charges \_\_\_\_\_ Cafeteria Charges \_\_\_\_\_ Other Charges \_\_\_\_\_

Total Charges \_\_\_\_\_ Payment Received \_\_\_\_\_

**NOTE:** All activities must be over and all persons out of the building by 11:00 P.M. unless extended by permission of the board of education.

With respect to use of the facilities for any athletic activity, all users will be supplied a copy of the Board of Education's policy #2431.4 on concussion testing and return to play. The user agrees and certifies that it will comply with this policy for the management of concussions and other head injuries.

☒ **PLEASE CHECK:** I have read, understand and will comply with all Policies, Regulations and Emergency Plans.