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

Name of Organization	RAM TOWNSHII	PECREATIO	Date _O	8-07-25
Names(s) of Sponsor	BORAH ARMENO			
Name of the individual person he		ing rules of the bo		n:
If this request is for more than or held responsible for enforcing all				ho will be
Facility requested   NTERMO (school) Purpose for which facility reques				
Dates of use Sept 16 - Oct	28 (TUES)	_ Time of use	30 p	5 05 p
Requests for special equipment system, Wifi). If none, indicate by	should be specifically s			
Will there be an admission charg		es", how will the p	RUCTORS	
Estimated attendance 6	-10 Certi	ficate of Insurance	included? Yes	V No_ON FIL
The certificate of insurance must be indicate the following: minimum pro			to the date of us	e and must
I have read and understand the police facilities and hereby agree to enforce use of these facilities.  Signature of Sponsor				
Address of Sponsor 10 Ma	NSFIELD DR			
Telephone Number 973-34				
Approved(Superintendent)				
(Superintendent) Custodial Charges	Cafeteria Charges	Other (	Charges	
Total Charges				
NOTE: All activities must be over and a education. With respect to use of the facilities for any #2431.4 on concussion testing and return management of concussions and other her	ll persons out of the building by y athletic activity, all users will to play. The user agrees an	11:00 P.M. unless extend	ded by permission of	f the board of

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

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

Name of Organization	BYRAM TOWNSHIP	RECREATION	Date <u>08-07-25</u>
Names(s) of Sponsor	DEBORAH ARMENO	)	
	person held responsible for en	nforcing rules of the b	oard of education:
_	re than one date, list the person orcing all rules of the board o	* *	
Facility requested (s	TERMEDIATE SCHOO school) ty requested USA SE	L FIELDS	OUTDOORS (room) AM - MULTI-SPORTS
Dates of use SEPT 13	- OCT 25 (SATURDAY.	Time of use	8°a 12p
Requests for special eq	uipment should be specificandicate by writing "none".		
Will there be an admissi	Pe	f "yes", how will the p	RS
Estimated attendance	6-10	Certificate of Insuranc	e included? Yes V No ON Fig
	te must be on file with the Supenimum protection \$1,000,000 si		r to the date of use and must
	I the policy of the board of educ to enforce them. I further agree		
	O MANSFIELD DI	RIVE	
	13-347-2500 XI		
	endent)		
			Charges
NOTE: All activities must be education. With respect to use of the facil	over and all persons out of the buildin ities for any athletic activity, all user and return to play. The user agre	ng by 11:00 P.M. unless exter	nded by permission of the board of

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

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

Name of Organization	BYRAM TOWNSHIP	RECREATION	Date <u>08-07-25</u>
Names(s) of Sponsor	DEBORAH ARMENO		
	on held responsible for enforcing	ng rules of the board o	f education:
	an one date, list the person(s) vang all rules of the board of educ		nce and who will be
Facility requested NT (scho	ermediate School ol) equested USA Sport	FIELDS	(room)
	OCT 26 (SUNDAYS)		00 a 12p
Requests for special equips system, Wifi). If none, indicated			ghts, public address
Will there be an admission of	PAYS	", how will the procee	
Estimated attendance	6-10 Certific	cate of Insurance inclu	aded? Yes V No_ ON FIL
	ast be on file with the Superintend m protection \$1,000,000 single li		e date of use and must
facilities and hereby agree to e use of these facilities.	policy of the board of education and and an another agree to be a		
Signature of Sponsor			
•	347-2500 ext 160		· · · · · · · · · · · · · · · · · · ·
	ent)		
(Superintende Custodial Charges	ent) Cafeteria Charges	Other Charg	ges
	Payment Receiv		
education. With respect to use of the facilities	and all persons out of the building by 11  For any athletic activity, all users will be return to play. The user agrees and o	e supplied a copy of the Boa	ard of Education's policy

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

management of concussions and other head injuries.