

WALL TOWNSHIP BOARD OF EDUCATION
P.O. BOX 1199
WALL, NEW JERSEY 07719

APPLICATION TO USE SCHOOL FACILITIES

ORGANIZATION: CENJARS DATE: August 21, 2024

CLASS I: _____ CLASS II: _____ CLASS III: _____ CLASS IV: X (For Classification see Regulation 7510)

NAME: Brian Schenkenberger (PLEASE PRINT)

STREET: 14 Rutgers Road TELEPHONE # 732.979.7468

CITY: Jackson STATE: NJ ZIP: 08527

EMAIL: VAXman@tmesis.com

DATES: 9/1,10/6,11/3,12/1,1/5/2025,2/2/2025,3/2/2025 TIME: 12:00pm TO 5:00pm

SCHOOL: Wall High School FACILITY: 18th Avenue Athletic Field Complex
(PLEASE USE ATTACHED SCHEDULE TO INDICATE SCHOOL AND FACILITY BEING REQUESTED)

ACTIVITY PLANNED: Model Rocketry

NUMBER OF PARTICIPANTS AND ATTENDEES: 20 to 40 persons

Will activities only include individuals within your membership or groups? If yes will you provide an adult member of the group to staff the entrance for the entire duration of the activity? Yes _____ No X

INSURANCE CARRIER/POLICY # Bridgeway Insurance #12489 & Evanston Insurance #35378

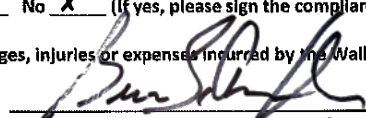
**PLEASE PROVIDE A CERTIFICATE OF INSURANCE NAMING "WALL TOWNSHIP BOARD OF EDUCATION" AS ADDITIONAL INSURED

PLEASE READ AND SIGN:

Prior to making request application, applicant agrees to comply with:

1. Policy on Use of School Facilities
2. Rules and Regulations Governing Use of Facilities
3. Payment of Current Fee upon Approval of Permit – if applicable
4. Prevention and Treatment of Sports-Related Concussions and Head Injuries Youth Sports Team Organization Statement of Compliance Form (must be signed and returned)
5. Is this an Athletic Event? Yes _____ No X (If yes, please sign the compliance form and return with the application).

Applicant also agrees to be responsible for any damages, injuries or expenses incurred by the Wall Township Board of Education and to indemnify and hold it harmless by reason of the use of the premises.


SIGNATURE (Must be 18 years or Older)

(To be filled out by Wall Township School Official)

ACTING FIELD SUPERVISOR: _____

BUILDING ADMINISTRATOR: _____

CUSTODIAL: _____

ATHLETIC DIRECTOR: _____

FACILITIES: _____

BUSINESS ADMINISTRATOR: _____

KITCHEN: _____

LOBBY MONITOR: _____

SOUND/LIGHTING COORDINATOR: _____

TOTAL COST: _____

PLEASE NOTE: Smoking will be entirely prohibited by all persons in all Board of Education buildings, including administrative and classroom; on all school grounds (including in your car); on school provided transportation; and at school-sponsored activities.