

MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT

APPLICATION FOR USE OF BUILDING

Name of Applicant _____ Date _____

Address _____ Phone _____

Estimated Attendance _____ Facility Requested _____

Organization Represented _____

Purpose of Meeting _____
(Attach detailed plan if needed)

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<u>Date(s)</u>	<u>Set-up Time</u>	<u>Time/From-To</u>	<u>Special Requirements</u>
1. _____			
2. _____			
3. _____			
4. _____			

Approved _____
Building Principal

Room use fee \$ _____

Approved _____
MCVSD Asst. Superintendent

Custodial fee \$ _____

Approved _____
MCVSD Business Administrator

Technician fee \$ _____

Approved _____
MCVSD Superintendent

Security Deposit \$ _____

Certificate of Insurance attached: Yes No