

**OLDMANS TOWNSHIP SCHOOL DISTRICT  
CONTRACTUAL AGREEMENT FOR RENTAL / USE OF SCHOOL  
PROPERTY**

\_\_\_\_\_ requests the use of the school properties  
(Name of Organization)  
listed below, for the dates and times given, for the purpose of \_\_\_\_\_

I have read the Policy, Rules and Regulations of the Oldmans Township Board of Education concerning rental and use of the school district's property, and am authorized to agree to the same.  
Name, address and phone number of person in charge:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Authorized Person:

Phone Number : \_\_\_\_\_ Date Request Submitted: \_\_\_\_\_

Space Requested: \_\_\_\_\_

Dates and Times of Performances: \_\_\_\_\_

Dates and Times of Rehearsals: \_\_\_\_\_

Equipment Needed: \_\_\_\_\_

Admission Charged By Your Organization: \_\_\_\_\_

Insurance certificate is \_\_\_\_\_, is not \_\_\_\_\_ attached.

\*\*\*\*\*  
In accordance with policy #1330 permission is \_\_\_\_\_, is not \_\_\_\_\_ granted to the above applicant by Oldmans Township Board of Education for use of the school properties as listed and for the dates and times indicated, subject to the Policy, Rules and Regulations concerning the use of the school district's property - attached.

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Business Administrator

\_\_\_\_\_  
Times and Date of Usage

\_\_\_\_\_  
Superintendent

\*\*\*\*\*  
**This form must be submitted to the Superintendent's Secretary at least three (3) days in advance of the scheduled activity for school-sponsored activities. All requests made by outside groups must have Board approval and be submitted to the Superintendent's Secretary seven (7) days prior to the Board meeting which is scheduled the 2<sup>nd</sup> Tuesday of each month.**

**NOTE: EMERGENCY CLOSING OF SCHOOL WILL AUTOMATICALLY CANCEL SCHEDULED ACTIVITY**

To be completed in quadruplicate: 1-Board Secretary, 1-Custodian, 1-File, 1-Organization