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)

<table>
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<tr>
<th>Date(s)</th>
<th>Set-up Time</th>
<th>Time/From-To</th>
<th>Special Requirements</th>
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Approved ___________________________ Room use fee $_______

Building Principal

Approved ___________________________ Custodial fee $_______

MCVSD Asst. Superintendent

Approved ___________________________ Technician fee $_______

MCVSD Business Administrator

Approved ___________________________ Security Deposit $_______

MCVSD Superintendent

Certificate of Insurance attached: Yes No

Last Revised 11/21/03