

SPRINGFIELD TOWNSHIP SCHOOL DISTRICT



JACKSONVILLE ROAD
JOBSTOWN, NEW JERSEY 08041
(609) 723-2479
FAX (609) 723-6112

DR. BETH GODETT SUPERINTENDENT

W. DANIEL SARAGNESE BOARD SECRETARY

REQUEST FOR USE OF SCHOOL EQUIPMENT

Name of Organization: _____

Name of Contact Person: _____

Organization Contact Information (Address, Phone, Fax, Email):

Equipment requested: _____

Dates of Equipment use: _____

Date of Equipment return: _____

Describe manner and location in which the equipment will be used: _____

Any use of equipment must not interfere with any scheduled school programs. The user is responsible for any costs incurred for repair or replacement of parts and equipment caused through improper use. The Springfield Township School District is not responsible for any injuries or property damage from use of equipment. All requests for equipment use must be approved by the Springfield Township School District prior to use. Pick up and return is the sole responsibility of the user.

Signature of Organization Contact Person _____

Signature of School Official _____

Equipment Returned In Satisfactory Condition:

Signature of Organization Contact Person _____

Signature of School Official _____