

Fort Lee Board of Education
231 Main Street, 3th Floor
Fort Lee, NJ 07024

Supervisor of Buildings & Grounds
201-585-4612 X7520

Buildings & Grounds Secretary
201-585-4612 X7524

The undersigned hereby makes application for use of school facilities as follows:

Date(s) Times School Room/Area Purpose

The following extra facilities are also requested: (ex: tables, chairs, microphones, stage set up)_____

*Number of persons expected for this activity_____ **PLEASE NOTE: ALL ACTIVITIES CANCELLED ON FEDERAL HOLIDAYS OR WHEN SCHOOL IS CLOSED DUE TO EMERGENCY CIRCUMSTANCES.***

*Custodian Required: (please circle) **YES** **NO***

*If **YES**, please indicate reason for custodial support:*

Please check one:

No money will be required for attendance.

Voluntary offering will be collected.

Admission of \$_____per person will be charged.

THERE IS NO SMOKING ON SCHOOL GROUNDS

If this application is granted, the organization which the undersigned represents as agent, agrees to assume full responsibility for personal injuries and for the loss or damage to property of the Board of Education arising out of said organization's use of the premises and further assumes full responsibility for

the preservation of order in those portions of the premises set forth in this application and full responsibility for the proper observance of the Board policy and regulations to the extent that they are not inconsistent with this application.

Organization _____ Date _____
Street _____ Phone _____
City _____ State _____ Zip _____ Signature _____

Applicants are required to provide Police and Fire services for groups of 100 persons or more.

FIRE ALARM NOTICE: All Fort Lee Public Schools are equipped with automatic fire detection devices. In the event the alarm sounds, vacate the building and do not return until so advised.

The Superintendent of Schools or their designee may cancel scheduled events at any time based on the needs of the Fort Lee Board of Education.

-----**FOR BOARD USE ONLY**-----

Classification _____ Application No. _____
Estimated Charges _____ Total _____ Authorized by: _____
Building Principal

Custodian assigned: (circle) YES NO

If YES, how many custodians and hours required each day of event:

Number of Custodians _____

Hours per event _____

CERTIFICATE OF INSURANCE IN THE AMOUNT OF \$1,000,000 LIABILITY IS REQUIRED, NAMING THE FORT LEE BOARD OF EDUCATION AS ADDITIONALLY INSURED.