

# Essex Fells Board of Education

102 Hawthorne Road  
Essex Fells, NJ 07021  
973-226-0505

## USE OF FACILITIES REQUEST

Date: \_\_\_\_\_

Group / Organization: \_\_\_\_\_

Essex Fells School Facility requested (please check all that apply):

\_\_\_\_\_ Gymnasium          \_\_\_\_\_ Media Center          \_\_\_\_\_ Fields  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Date(s) of Use: \_\_\_\_\_

Time of Use:                  From: \_\_\_\_\_                  To: \_\_\_\_\_

\*\*\* *If necessary, please draw a diagram of the requested set-up on the back of this form.* \*\*\*

Reason / Purpose for Use:  
\_\_\_\_\_  
\_\_\_\_\_

### RULES AND REGULATIONS

- The applicant accepts full responsibility for any and all damages to school property as a result of the activity, which are over and above ordinary wear or depreciation.
- Permit holders shall not assign, transfer, sublet, or charge a fee to others for use of school property.
- The use of any materials on the floors or other parts of the building without the approval of the custodian is strictly prohibited.
- Any decorations shall not be destructive of school property and shall be approved by the custodian on duty.
- Alcoholic beverages or liquors shall not be permitted on school property at any time.
- A certificate of liability insurance shall be submitted for any group or organization for the use of the school facilities.
- The applicant shall be required to pay for custodian services for hours beyond the regular workday/schedule.
- All *Use of Facilities Request* forms require Board of Education approval. Please submit all requests at least 7 (seven) days prior to the Regular Monthly Business Meeting.

**In signing this request, the person or organization making the application agrees to abide by the rules and regulations printed above.**

Signed: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Internal Use Only

Event approved by Superintendent.  Initial: _____
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Date, Time, and Location approved by Administrative Assistant to School Personnel.  Initial: _____
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Business Office approval for proof of insurance and BOE approval.  Initial: _____
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Facility Supervisor informed of date, time, location and setup requirements.  Initial: _____
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