

TOWN OF BOONTON PUBLIC SCHOOLS

434 Lathrop Avenue
 Boonton, New Jersey 07005-2254
 (973) 335-9700
 FAX (973) 335-8281

APPLICATION, PERMIT, AND AGREEMENT FOR USE OF SCHOOL FACILITIES

(Rules, regulations and schedule of fees – attached. Please read them carefully!)

Application is hereby made for the privilege of using school facilities:

(PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS)

1. NAME OF SPONSOR (ORGANIZATION): _____
2. NATURE OF ORGANIZATION: _____
3. IS THIS ORGANIZATION AFFILIATED WITH: ___ PTA/PTO ___ RECREATION ___ BOOSTER GROUP
 ___ Class Of
4. HAS THE ORGANIZATION USED BOONTON SCHOOL FACILITIES IN THE PAST? ___ YES ___ NO
 IF YES, EXPLAIN: _____
5. HAS THE ORGANIZATION MADE APPLICATION TO OTHER INSTITUTIONS FOR THIS USE? ___ YES ___ NO
6. ARE ALL OF THE MEMBERS OF THIS ORGANIZATION RESIDENTS OF BOONTON? ___ YES ___ NO
 IF NO, EXPLAIN: _____

For recreation activities, a roster of participants with their town of residence MUST BE attached

7. ADVISOR (OFFICIAL REP. IN ATTENDANCE): _____ POSITION: _____
 (The Advisor shall be the person responsible to the Board of Education for enforcing rules and regulations and shall be personally responsible for making all necessary arrangements. His/her signature is required below.)
8. ADVISOR ADDRESS: _____
 (Street) (City) (State) (Zip Code)
9. ADVISOR TELEPHONE (including area code): () _____ (Home) () _____ (Cell)
10. FACILITY REQUESTED: _____

11. EQUIPMENT REQUESTED: _____

12. PURPOSE FOR WHICH FACILITIES/EQUIPMENT REQUESTED: _____

13. WILL ADMISSION BE CHARGED OR SALES CONDUCTED? ___ YES ___ NO
 IF YES, DISPOSITION OF PROCEEDS: _____
14. IS THIS A FUND RAISER? ___ YES ___ NO
 IF YES, HAVE YOU OBTAINED SUPERINTENDENT'S PERMISSION? ___ YES ___ NO
15. WILL ANY SIGNS, POSTERS, DISPLAYS OR ADVERTISEMENTS BE USED?: ___ YES ___ NO
 IF YES, HAVE THEY BEEN APPROVED BY THE SUPERINTENDENT? ___ YES ___ NO
16. APPROXIMATE NUMBER OF PERSONS PARTICIPATING: _____

17. DATE(S) REQUESTED:
 DAY(S) OF WEEK: _____ DATE(S): _____ TIME(S): _____
18. CUSTODIAL AND/OR OTHER SERVICES TO BE SUPPLIED BY SCHOOL: ___ YES ___ NO
 IF YES, STATE: _____
19. SCHOOL REPRESENTATIVE IN CHARGE: CUSTODIAN OR OTHER: _____
 (NOTE: A school representative **must** be on the premises)
20. IS A CERTIFICATE OF INSURANCE FOR PROPERTY DAMAGE AND PUBLIC LIABILITY ATTACHED?
 ___ YES ___ NO (IF NOT, EXPLAIN: _____)
21. NAME, ADDRESS, AND TELEPHONE NUMBER OF ORGANIZATION REPRESENTATIVE RESPONSIBLE
 FOR CLEANUP AND REPAIRS, IF OTHER THAN ADVISOR: _____

22. IS THE BUILDING USE CERTIFICATE – Fire Permit – (FOR CAFETERIA, AUDITORIUM & GYM) FROM THE
 LOCAL FIRE INSPECTOR ATTACHED? ___ YES ___ NO ___ NOT APPLICABLE

I HAVE READ THE RULES GOVERNING THE USE OF SCHOOL PROPERTY AND THOSE RULES HAVE BEEN CALLED TO THE ATTENTION OF THE ORGANIZATION WHICH I REPRESENT. I DO HEREBY AGREE TO ABIDE BY AND ENFORCE THE RULES AND REGULATIONS OF THE BOARD OF EDUCATION AND FURTHER AGREE TO PROTECT AND HOLD THE BOARD HARMLESS FROM ANY AND ALL LIABILITY FOR DAMAGE OR INJURY TO ANY PERSON OR PROPERTY ARISING OUT OF ITS USE OF FACILITIES WITHOUT REGARD TO THE CAUSE OF SUCH DAMAGE OR INJURY. I ALSO AGREE TO REPAIR OR REPLACE ANY SCHOOL PROPERTY DAMAGE THROUGH SUCH USE WITHOUT REGARD TO THE CAUSE OF SUCH DAMAGE. I ALSO UNDERSTAND I WILL BE BILLED FOR CUSTODIAL FEES INCURRED FOR LINING OF FIELDS, IF NECESSARY:

SIGNED: _____ DATE: _____

ADDRESS: _____ PHONE #: _____

PERMISSION TO USE THE FACILITIES INDICATED ABOVE IS HEREBY: ___ GRANTED ___ DENIED
 IN ACCORDANCE WITH THE APPLICATION AND THE RULES AND REGULATIONS OF THE BOARD OF
 EDUCATION.

DEPOSIT REQUIRED: _____

FEES: _____

DATE: _____

SIGNED: _____