## FLORHAM PARK PUBLIC SCHOOLS REQUEST OF USE OF SCHOOL FACILITIES

Fax: (973) 822-0716

Date Received \_\_ Date Entered \_\_ Group / Priority \_

Please complete and mail to: Florham Park Board of Education

P.O. Box 39

Florham Park, NJ 07932 Attn: Business Administrator

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Organization:		
Contact:		
	City/State/Zip:	
Phone:		
Facility/Rooms Requested:		
Date(s) Requested:		
Time Requested: Start Time	End Time	# of Participants
Purpose for Request:		Age Group
Special Instructions/Needs/Requests:		
	on, will assume full financial responsion of use. We also agree that our oy loss, damage or expense of any kir by our organization and we will furth	and guests will observe the facility regulations sibility for any and all damages done to the reganization will at all times hereafter ad, which said facility may sustain or incur ner hold said facility harmless for loss of any
Signature of auth	orized representative listed above	Date
Reviewed and Approved		Fee
Exceptions:		
NOTE: The Board of Education reserves the application. Please call the Business Admin scheduled facility use to cancel. Failure to a facility use.	istration Office at (973) 822-3880 x	x240 at least 24 hours in advance of the
		Office Use Only: