

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

Please complete and mail to: Florham Park Board of Education  
P.O. Box 39  
Florham Park, NJ 07932  
Attn: Business Administrator

Fax: (973) 822-0716

**Organization:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Facility/Rooms Requested:** \_\_\_\_\_

**Date(s) Requested:** \_\_\_\_\_

**Time Requested: Start Time** \_\_\_\_\_ **End Time** \_\_\_\_\_ **# of Participants** \_\_\_\_\_

**Purpose for Request:** \_\_\_\_\_ **Age Group** \_\_\_\_\_

**Special Instructions/Needs/Requests:** \_\_\_\_\_

**Statement of Assurances**

(A Certificate of Insurance must accompany this application)

I agree, on behalf of the above indicated organization, that all members and guests will observe the facility regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the school property during the above indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named facility against any loss, damage or expense of any kind, which said facility may sustain or incur because of use of the above described facility by our organization and we will further hold said facility harmless for loss of any kind of connection herewith. I also agree to pay all facility use fees and custodial overtime costs when applicable (as attached).

\_\_\_\_\_  
**Signature of authorized representative listed above**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Reviewed and Approved**

\_\_\_\_\_  
**Fee**

**Exceptions:** \_\_\_\_\_

**NOTE: The Board of Education reserves the right to cancel or change any and all particulars contained in this application. Please call the Business Administration Office at (973) 822-3880 x240 at least 24 hours in advance of the scheduled facility use to cancel. Failure to notify will result in full payment of facility use fees and suspension of future facility use.**

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| Office Use Only:<br>Date Received _____<br>Date Entered _____<br>Group / Priority _____ |
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