

**FRELINGHUYSEN TOWNSHIP SCHOOL  
FACILITY USE APPLICATION**

1. Submission Date: \_\_\_\_\_ **MUST BE RECEIVED ONE (1) WEEK PRIOR TO BOARD MEETING**
2. Any Extra costs per schedule below will be borne by user.
  - a. Maintenance/Custodial fee- \$\_\_\_\_\_/hour
  - b. Extra lighting or sound system use requiring specialized personnel - \$\_\_\_\_\_/event per system
  - c. Any moving, setup, etc. will be provided by user or will pay costs incurred by the BOE
  - d. Any damage will be assessed and charged as per cost incurred

3. Individual Making request: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

4. Information:
  - a. Facility requested: \_\_\_\_\_
  - b. Dates: \_\_\_\_\_
  - c. Event & Activities Planned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsoring organization: \_\_\_\_\_

- d. Hours of use: \_\_\_\_\_
- e. Will this request require any services (as per #2) or specialized use?            YES            NO
- f. A conference with School Officials may be required for all uses and fee assessment.
- g. Please forward Summary of events and any promotional documents to the Business Office.

All users are required to maintain, in addition to any insurance required by law, Comprehensive Liability insurance, in an amount not less than \$1,000,000 per occurrence. The Board of Education must be named as an additional insured on this policy. A certificate of insurance as described must be provided before the facility is used. Failure to enforce this required production of the certificate will not void user' obligation to provide insurance as aforesaid. In addition, by making this application, user agrees, that should this application be granted, user will indemnify, hold harmless, and defend the Board of Education against any and all demands, claims, damages, fees, cost and liabilities of any kind (including but not limited to attorney's fees) to the fullest extent permitted by law.

**With respect to use of the facilities for any athletic activity, all users will be supplied a copy of the Board of Education's policy on concussion testing and return to play. The user agrees and certifies that it will comply with this policy for the management of concussions and other head injuries.**

All prospective users must provide a minimum of two weeks' notice.

Signature of Sponsoring Organization Official: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of individual representing organization: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Conflict \_\_\_\_\_ No conflict \_\_\_\_\_  
Needs to be rescheduled \_\_\_\_\_  
Contact Office for more information \_\_\_\_\_  
Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Special Fees: \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE BOE

\_\_\_\_\_  
DATE