The undersigned hereby makes application for use of school facilities as follows:

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Times</th>
<th>School Room/Area</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following extra facilities are also requested: (ex: tables, chairs, microphones, stage set up) __________

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Number of persons expected for this activity ______

PLEASE NOTE: ALL ACTIVITIES CANCELLED ON FEDERAL HOLIDAYS OR WHEN SCHOOL IS CLOSED DUE TO EMERGENCY CIRCUMSTANCES.

Custodian Required: (please circle) YES  NO

If YES, please indicate reason for custodial support:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Please check one:

_____ No money will be required for attendance.

_____ Voluntary offering will be collected.

_____ Admission of $_______ per person will be charged.

**THERE IS NO SMOKING ON SCHOOL GROUNDS**

If this application is granted, the organization which the undersigned represents as agent, agrees to assume full responsibility for personal injuries and for the loss or damage to property of the Board of Education arising out of said organization’s use of the premises and further assumes full responsibility for
the preservation of order in those portions of the premises set forth in this application and full responsibility for the proper observance of the Board policy and regulations to the extent that they are not inconsistent with this application.

Organization ______________________________________________________ Date________________
Street______________________________________________________Phone_____________________
City___________________________State_______ Zip__________Signature_______________________

Applicants are required to provide Police and Fire services for groups of 100 persons or more. FIRE ALARM NOTICE: All Fort Lee Public Schools are equipped with automatic fire detection devices. In the event the alarm sounds, vacate the building and do not return until so advised.

The Superintendent of Schools or their designee may cancel scheduled events at any time based on the needs of the Fort Lee Board of Education.

------------------------------------------- FOR BOARD USE ONLY -------------------------------------------

Classification ____________________________ Application No. _______________________________
Estimated Charges ________ Total_________ Authorized by: _________________________________

Building Principal

Custodian assigned: (circle) YES NO
If YES, how many custodians and hours required each day of event:
Number of Custodians_________
Hours per event______________

CERTIFICATE OF INSURANCE IN THE AMOUNT OF $1,000,000 LIABILITY IS REQUIRED, NAMING THE FORT LEE BOARD OF EDUCATION AS ADDITIONALLY INSURED.

HOLD HARMLESS AGREEMENT

For and in consideration of the renting or reservation of the

___________________________________________________ at ____________ Public School
(Auditorium, Gymnasium, Field, etc.)

on ___________________ the ____________________
(Date) (Name of Organization or individual)
Covenants and agrees to save and hold harmless the Board of Education of the Borough of Fort Lee, its agents, employees and administrators from any and all liability arising out of the use of said premises or property.

Signed _________________________________

Position ________________________________

Organization ____________________________

Address ________________________________

Telephone No. ______________________ Date  __________________________________