

Fort Lee Board of Education  
231 Main Street, 3<sup>th</sup> Floor  
Fort Lee, NJ 07024

Scott Bendul *Supervisor of Buildings & Grounds and Security*  
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Maria Varela *Secretary*  
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*The undersigned hereby makes application for use of school facilities as follows:*

<u>Date(s)</u>	<u>Times</u>	<u>School Room/Area</u>	<u>Purpose</u>
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*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* \_\_\_\_\_