

**OLD TAPPAN BOARD OF EDUCATION**  
**APPLICATION AND AGREEMENT FOR USE OF SCHOOL FACILITIES**

Date of Application \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

The undersigned hereby makes application for use of the following school facilities:

School \_\_\_\_\_ Rooms Requested \_\_\_\_\_

Equipment (\$25 deposit required) \_\_\_\_\_

Special Custodial Services Requested \_\_\_\_\_

Date or Dates: \_\_\_\_\_  
(Specify exact dates in conformity with school calendar.)

Time: From \_\_\_\_\_ To: \_\_\_\_\_ Nature of Activity: \_\_\_\_\_

Remarks: \_\_\_\_\_

Will admission be charged? \_\_\_\_\_ Admission Price \_\_\_\_\_

Purpose for which funds will be used \_\_\_\_\_

Beverage or food to be served? \_\_\_\_\_ Number participating or attending \_\_\_\_\_

The applicant states that all rules and regulations concerning the use of the school buildings or facilities have been read and agrees that such use is subject to each and every rule, regulation, and restriction.

If schools are closed for any emergency (snow, plant break-down, etc.), school use is automatically cancelled for those days. A request must be submitted for re-scheduling of cancelled activity.

All organizations, except for school oriented and school affiliated, using the auditoriums, gymnasiums, fields, and cafeterias, and other facilities, shall be required to furnish the Secretary with their application a **Hold Harmless Agreement** and a **Certificate of Insurance** indicating the following coverage:

Public Liability \$1,000,000

**Certificate of Insurance** and **Hold Harmless Agreement** is required and should be sent to the Old Tappan Board of Education.

Person in charge during activity: \_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Address: \_\_\_\_\_  
**EMAIL** Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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Action of Board of Education: Class \_\_\_ Cert. Of Ins. & Hold Harmless Yes ( ) No ( )

Fees Required: Custodial \_\_\_\_\_ Bldg. Usage \_\_\_\_\_ Equip. Deposit \_\_\_\_\_

Date of Approval: \_\_\_\_\_

\_\_\_\_\_  
Board Secretary/Business Administrator

Date \_\_\_\_\_