MONTCLAIR PUBLIC SCHOOLS

22 Valley Road

Montclair NJ 07042

Telephone Number: 973-509-4000 APPLICATION FOR THE USE OF SCHOOL FACILITIES

Application Number:					
					Date:
 DIRECTIONS: At least ten (10) weekdays before requested date check with the building administrator to determine if facility is available. Type or print (press hard) all information. Submit entire application. A copy (which becomes the invoice) will be forwarded to the applicant after it is processed by the Buildings & Grounds Department. 					
Name of School:				Reas	son for Use:
Audience Yes() No() Estimated Number Admission charged Yes() No() FACILITY DESIRED (Check appropriate boxes):					
					4 Classica
 Auditorium □ Stage □ 	2.Cafeteria6. Kitchen		3. Athletic Field7. Multipurpose Room		4. Classroom □ 8. Other:
9					
9. Gymnasium □	10. Sub Gym		11. Library		12. Parking Lot □
Activity Time From: Open Building:					
DATE (S) REQUESTED (Within each fiscal school year only July 1 – June 30)					
SERVICES REQUESTED:					
Audio System () Microphone () Tables () Chairs () Other(Specify)					
 In signing this application, the applicant certifies to the Board of Education the following: The group or organization is chartered or incorporated under law. The applicant has been authorized by the group or organization to represent it. The Montclair Board of Education policies on community use of school facilities have been read and understood and will be complied with see Board Policy and Regulation 7510 The applicant will provide the Director of Buildings and Grounds with a certificate of insurance which names the Montclair Board of Education, 22 Valley Road, Montclair NJ 07042 as the certificate holder and additional insured for bodily injury and property damage liability in the combined single limit of \$1,000,000 before scheduled date. Will be required to submit a Fire Permit from the Montclair Fire Department. For organizations using the facilities for sports related or cheer leading programs must comply with the District's policy and regulation 2431.4 Prevention and Treatment of Sports-Related Concussions and Head Injuries. Agrees to pay all fees due, in full, prior to the scheduled date. Changes or cancellations will be made in writing at least three days in advance of rental date. 					
PERSON WHO WILL BE PRESENT DURING USE AND RESPONSIBLE FOR SUPERVISION: Name: Address: Email Address:					
Name of Organization					PLEASE CHECK ONE:
Purpose of Organization					For Profit Organization
Provision for Supervision	, Describe				Not-For Profit Organization
(Signature of person representing the organization) (Title)					
Address:		-	Telephone		
		20	FOR SCHOOL USE ONLY		
(Building Principal's Sign	nature)		_ Commer	π	

(Make checks payable to: MONTCLAIR BOARD OF EDUCATION)

By_____ Date_____ 20____

Fee in accordance with Board of Education Policy \$_

Security Personnel Assigned

Yes () No ()

Security Required:

Business Office Use Only