



**PLAINFIELD BOARD OF EDUCATION**  
**OFFICE OF FACILITIES & GROUNDS**

920 PARK AVE  
PLAINFIELD, NJ 07062  
908.731.4356 (phone) 908.731.4357 (fax)

## REQUEST FOR USE OF FACILITIES

This form must be completed when requesting to rent space within Plainfield Public School. In the event you should you have questions regarding this request, please contact Ms. Sherlyn Ragin at 908-731.4356.

Date: \_\_\_\_\_

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

do hereby, in the name of said organization make a request for a permit to use certain property belonging to the Plainfield Board of Education.

Is your organization recognized as *non-profit*: YES: \_\_\_\_\_ NO: \_\_\_\_\_

If you answered YES to the above question, you MUST provide a copy of your organizations 501c3 to secure your non-profit status.

Property requested to be used: \_\_\_\_\_ Specific Location: \_\_\_\_\_

Proposed use: \_\_\_\_\_

Requested Date: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

Estimated attendance for event: \_\_\_\_\_

Will the function be open to the public? YES \_\_\_\_\_ NO \_\_\_\_\_

Will there be an admission fee? YES \_\_\_\_\_ NO \_\_\_\_\_

If answered YES to the above question, what will the proceeds be used for:

Will you observe and abide by all the rules and regulations of Plainfield Board of Education relation to the use of its facilities? YES \_\_\_\_\_ NO \_\_\_\_\_

List the name, address and telephone numbers of three (3) local residents who will be in attendance and be responsible to Plainfield Board of Education for any problems that may arise.

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

1. Property Desired:\_\_\_\_\_
2. Location/Field Desired: i.e., Café, Gymnasium, Classroom, etc.:\_\_\_\_\_  
\_\_\_\_\_
3. Specifically list date(s) and exact hours, by date desired:\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Equipment requested: i.e., tables, chairs, sound, microphones, etc.\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Food and beverage can only be sold, consumed *in the cafeteria*. Please list all foods/beverages to be sold or consumed:\_\_\_\_\_  
\_\_\_\_\_

By signing below, the applicant agrees to pay in full all charges assessed, if any indicated in and calculated by use of the current schedule of fees. The applicant affirms that if this request is granted/approved, the facilities and/or grounds will be used subject to each and every rule, regulation and restriction contained therein or stipulations agreed upon by the parties thereto. In addition to the aforementioned fees, the applicant agrees is providing the below Certificate of Liability Insurance and comply with the Hold Harmless Agreement.

#### **CERTIFICATE OF INSURANCE**

Plainfield Board of Education carries insurance covering its legal liability. Plainfield Board of Education requires that the lessee complete the Hold Harmless Agreement of the request and submit a ***Certificate of Liability Insurance*** for \$1,000,000.00 naming ***Plainfield Board of Education*** as one of the insured.

#### **HOLD HARMLESS AGREEMENT**

The applicant agrees to save harmless and protect the Plainfield Board of Education from any financial loss that may result from the granting of a permit for use of the above-mentioned property.

Organization:\_\_\_\_\_  
Organization Address:\_\_\_\_\_  
Name of Signer/Representative:\_\_\_\_\_  
Telephone:\_\_\_\_\_  
Signature of Requestor:\_\_\_\_\_