



**Asbury Park Board of Education
Facility Use Application**

Organization Name: _____

Contact Name: _____

Phone: _____ Email: _____

Billing Address: _____

☐ Non-profit* ☐ Commercial firm ☐ Municipal Entity

PLEASE NOTE:*Proof of non-profit status must be provided; (for example: IRS letter of 501(c)(3) status).

Requested Facility:

- | | |
|---|---|
| <input type="checkbox"/> Barack H. Obama School | <input type="checkbox"/> Dr. Martin Luther King Jr. Middle School |
| <input type="checkbox"/> Bradley School | <input type="checkbox"/> Asbury Park High School |
| <input type="checkbox"/> Thurgood Marshall School | |

Date(s) of Requested Use: _____

Actual Hours of Event: _____

Additional Set-Up Time Requested: _____

Description of Event: _____

Number of Adults Attending: _____ Number of Children Attending: _____

Will refreshments be served? _____

If yes, please describe what type:

The following rooms/areas are available for rental. Please check the box next to the area, which your organization wishes to use.

- | | | | |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Stage | <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Cafeteria/multipurpose room |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Athletic Field | <input type="checkbox"/> Community room | <input type="checkbox"/> Classroom(s) _____
<small>(Specify Qty)</small> |
| <input type="checkbox"/> Stadium | <input type="checkbox"/> Turf Field | | |

Please check the box next to any special requirements for your event:

☐ Folding Chairs # _____ at \$1.25ea =\$ _____

☐ Folding Tables # _____ at \$3.50ea =\$ _____

Based upon the information provided in this application, following is an estimate of charges associated with this "Use of Facility" which will be due and payable within five working days of your event.

Please note that any applicable custodial charges shall be billed at a rate of \$45 per hour. One hour before and one hour after event shall be charged for opening and securing facility.

(Charges/Fees Section for Board of Education use only)

Custodial Charges \$ _____

Room / Area Rental Fees \$ _____

Equipment Rental Fees \$ _____

Total \$ _____

Signature of Applicant: _____ Date: _____

*by signing above you acknowledge receipt of Policy 2431.4

Building Principal: _____ Date: _____

B&G Supervisor: _____ Date: _____

Business Administrator: _____ Date: _____

PLEASE NOTE: An approved copy of this application must be available for inspection at all times during use of facility.

- Certificate of Insurance naming Asbury Park Board of Education as an Additional Insured must be provided with this application.
- No grills or open flames are permitted on school property.
- Use, possession and/or distribution of alcohol is strictly prohibited.
- The facility is to be used with care and left in an orderly and neat condition.