



HOBOKEN BOARD OF EDUCATION

ATHLETICS DEPARTMENT

800 Clinton Street ❖ Hoboken, NJ 07030 ❖ 201.356.3725 ❖ Fax: 201.356.3704

APPLICATION FOR USE OF FACILITIES

RETURN COMPLETED FORM BY EMAIL TO: Jack.Baker@hoboken.k12.nj.us and/or Angela.Moret@hoboken.k12.nj.us

ORGANIZATION AND DESIGNEE INFORMATION

Name of Organization: _____

Address: _____

Street Address _____ Apartment/Unit # _____

City _____ State _____ Zip Code _____

Executive Officer of Organization:

Last _____ First _____ M.I. _____

Address: _____

Street Address _____ Apartment/Unit # _____

City _____ State _____ Zip Code _____

Phone: () - x _____ Email: _____

Designee* (if different from above):

Last _____ First _____ M.I. _____

Designee Phone: () - x _____ Email: _____

*HOBOKEN BOARD OF EDUCATION MUST BE NOTIFIED IF THE DESIGNEE CHANGES – APPOINTED DESIGNEE MUST BE ON SITE DURING EVENT

EVENT INFORMATION – FLAT FEE: \$135.00/HOUR

Requested Facility: _____ Second Choice: _____

Purpose of Request: _____

Anticipated Attendance: _____ Admittance Fee \$ _____

Date(s) Requested: _____ Hours Requested: _____

PAYMENT TO BE MADE IN FULL BEFORE DAY OF EVENT

NOTICE TO APPLICANT

By submission of this document It is hereby understood and agreed that, if this application is granted the undersigned will assume all and exclusive responsibility for the preservation of order and the sole and exclusive liability for any injury to persons, and any damages to, or loss of property that may result from this use; and for the observance of all regulations and procedures of the Hoboken Board of Education as defined in the Board of Education [Use of Facilities Policy 7510](#) and [Use of Facilities Regulation 7510](#)

By checking this box, the applicant acknowledges his/her agreement to the terms above.

Applicant Signature: _____ Date: _____

APPLICATIONS MADE DURING THE SUMMER FOR FALL OR WINTER DATES WILL NOT BE CONSIDERED UNTIL AFTER ALL DISTRICT SPORTS SCHEDULES HAVE BEEN CONFIRMED.

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AGENCY USE ONLY

APPROVALS

Application Completed	<input type="checkbox"/>	Insurance Received (\$2M)	<input type="checkbox"/>
Date/Facility Approved by AD	<input type="checkbox"/>	Copy of Policies given to Appl.	<input type="checkbox"/>
Fee Confirmed with Applicant	<input type="checkbox"/> \$		

Athletic Director Signature: _____ Date: _____
Jack Baker

Date/Facility Approved by Dir. of Facilities

Director of Facilities Signature: _____ Date: _____
Timothy Calligy

Business Administrator Signature: _____ Date: _____
Joyce A. Goode

TO BE REVIEWED/APPROVED BY THE BOARD ON: _____

FINAL COSTS

TOTAL # OF HOURS	ADDITIONAL FEE (If Applicable)	TOTAL
(<i>hours</i> x \$135.00)	+ \$	= \$0.00

	DATE RECEIVED
DEPOSIT:	
BALANCE DUE:	\$0.00
BALANCE PAID:	