

FAIR LAWN COMMUNITY CENTER
10-10 Kipp Street, Fair Lawn, New Jersey 07410
FACILITY REQUEST FORM

TODAY'S DATE: _____

NAME OF ORGANIZATION: _____

CONTACT PERSON: _____

TITLE OF CONTACT: _____

ADDRESS: _____

CITY: _____

PHONE (HOME): _____

PHONE (BUSINESS): _____

PHONE (CELL): _____

FAX: _____

E-MAIL: _____

NAME OF EVENT: _____

DAY/DATE REQUESTED: _____

SETUP: _____

START: _____

FINISH: _____

BREAKDOWN: _____

TOTAL # OF PARTICIPATES/SPECTATORS (ESTIMATED): _____

LIST AGE RANGE OF PARTICIPANTS: _____

ANTICIPATED # OF COACHES/INSTRUCTORS/CHAPERONES: _____

IS THIS EVENT OPEN TO THE PUBLIC: _____

IS ADMISSION BEING CHARGED: _____

WILL FOOD BE SERVED: _____

WILL FOOD BE SOLD: _____

IS YOUR GROUP PROVIDING SECURITY PERSONNEL? PLEASE EXPLAIN.

IS YOUR GROUP PROVIDING ATHLETIC TRAINER OR MEDICAL PERSONNEL?
PLEASE EXPLAIN.

IS THIS GROUP PROVIDING A DJ/SOUND SYSTEM? PLEASE EXPLAIN.

ROOM REQUESTED

- | | |
|--|---|
| <input type="radio"/> TEEN LOUNGE | <input type="radio"/> BOYS LOCKER ROOM |
| <input type="radio"/> CARD ROOM | <input type="radio"/> WALKING TRACK |
| <input type="radio"/> BASEMENT CONFERENCE ROOM | <input type="radio"/> GYMNASIUM |
| <input type="radio"/> CONFERENCE ROOM | <input type="radio"/> MISC./LOBBIES Etc |
| <input type="radio"/> GIRLS LOCKER ROOM | <input type="radio"/> ART ROOM |
| <input type="radio"/> GAME ROOM | <input type="radio"/> THEATER |

EQUIPMENT REQUESTED

- | | |
|------------------|---------------------|
| CHAIRS # _____ | OVERHEAD PROJECTORS |
| TABLES # _____ | DRY ERASE BOARDS |
| COAT RACK | EASELS |
| TV/VCR | SOUND SYSTEM |
| LECTURES BENCHES | BLEACHERS |
| SCOREBOARD | KITCHEN |
| LOCKER ROOMS | RESTROOMS |
| BASKETS | BLACKBOARDS |
| FLIPCARDS | COFFEE POTS |
| CHALK BOARDS | |

COMMENTS ON SETUP NEEDS, SPECIAL NEEDS OR EQUIPMENT

FACILITY RESERVATION REVIEW DATES

Requests must be at least 14 days prior to an event request date. Request will be acted upon based upon priority schedule availability and date of request. Confirmation/denials will be sent by mail or via e-mail.

PRIORITY SCHEDULING

Reservations are based upon the following: 1) Borough Recreation/Parks 2) Borough events 3) Board of Education events 4) Residents 5) Non-sponsored events.

AVAILABILITY

Facilities are open for use on a scheduled basis: due to limited facilities all request cannot be accommodated. Recreation Superintendent reserves the right to modify or cancel all scheduled events.

PROHIBITION

Food, soda, juice and gum are not allowed in the gymnasium. Clean gymnasium shoes are required to protect the wooden floors. Street shoes or shoes that mark or damage the floors are not allowed. No roller blades, skateboards or other similar items are allowed in the facility.

CERTIFICATE OF INSURANCE

All individuals and groups not affiliated with the Borough of Fair Lawn's Recreation Department requesting to rent the facility must provide a Certificate of Insurance.

PLEASE MAKE ALL CHECKS PAYABLE TO: THE BOROUGH OF FAIR LAWN

FEE: _____

For the Borough of Fair Lawn

For _____

Signature

Signature

Print Name

Print Name

Date

Date