

APPLICATION FOR USE OF FACILITIES

1. Name of Organization: _____ Contact Person: _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Business/Cell Phone _____ Email Address _____

2. School Requested **Triton** **Highland** **Timber Creek**
Circle One:

AUDITORIUM	\$	ATHLETIC FIELD	\$	CAFETERIA	\$	GYMNASIUM	\$
Auditorium		Athletic Field		Cafeteria		Auxiliary Gymnasium	
P.A. System		P.A. System		P.A. System		Main Gymnasium	
Dressing Rooms		Boys Locker Room		Kitchen		P.A. System	
Stage Lights		Girls Locker Room		Lectern		Boys Locker Room	
Curtain Open		Concession Stand		Rest Rooms		Girls Locker Room	
Lectern		Scoreboard				Rest Rooms	
Stage Seating		Ticket Booth				OTHER	
Rest Rooms		Outside Rest Rooms				Classrooms	

3. Dates and hours requested:

Preferred Date(s) _____ Time _____
From _____ To _____
Alternate Date(s) _____ Time _____
From _____ To _____
Rehearsal Date(s) _____ Time _____
From _____ To _____

NOTES: _____

4. What is the nature of the activity you will be conducting? _____

5. Amount to be charged for admission to spectators/participants? \$ _____ How many people do you anticipate? _____

6. Purpose for which admission funds will be used? _____

7. Describe your supervisory plans in terms of number of persons and how you plan to use them. Please mention police protection if you plan to utilize them. _____

8. Indicate the composition of the participating group by placing a check mark to the left of the most appropriate description.

- Less than 50 percent are residents of Runnemede, Bellmawr, and/or Gloucester Township.
- Between 50 and 80 percent are residents of Runnemede, Bellmawr, and/or Gloucester Township.
- More than 80 percent are residents of Runnemede, Bellmawr, and/or Gloucester Township.
- 100 percent are residents of Runnemede, Bellmawr, and/or Gloucester Township.

9. Do you carry liability insurance to cover damage to our facilities and injury to participants or spectators?

YES

NO

Please include a copy of your insurance certificate with this application. Be advised that:

APPLICATIONS WILL NOT BE APPROVED WITHOUT A CERTIFICATE OF INSURANCE IDENTIFYING THE BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT AS ADDITIONALLY INSURED AND EVIDENCE IS PROVIDED PROVING ALL PARTICIPANTS IN THE EVENT ARE COVERED BY THEIR INSURANCE POLICY.

Name of insurance carrier and policy #: _____

I certify that our organization does not discriminate on the basis of race, sex, origin, color, creed, religion, handicap, ancestry or social/economic status. I have read the governing Board of Education Policy and accompanying rules and regulations for use of facilities and I promise to communicate them to our membership and to follow the rules to the best of our ability. We further agree to hold the Board of Education and the School District harmless from any loss or damage, liability, or expense, which may arise or be caused in any way by use and occupancy of District facilities by our organization, participants, and/or spectators thereto. IF THERE IS A COST TO USE THE FACILITY, THE CHECK WILL BE MADE OUT TO: BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT AND MAILED TO: NANCY ANDERSON, TIMBER CREEK REGIONAL HIGH SCHOOL, 501 JARVIS ROAD, ERIAL, NEW JERSEY 08081.

SIGNATURE

OFFICIAL TITLE

DATE

OFFICE USE ONLY

COST TO YOUR ORGANIZATION

Cost of Rental Facility	_____	_____	_____	_____
Administrator Coverage at \$75/hour – Class 3	# of hours _____	=	_____	Waived
Custodian Coverage at \$30/hour	# of hours _____	=	_____	Waived
AVA Technician Coverage at \$40/hour	# of hours _____	=	_____	Waived
Stage Hand at \$45/hour	# of hours _____	=	_____	Waived
Cafeteria Coverage at \$20/hour	# of hours _____	=	_____	Waived

TOTAL: _____

AVAILABLE: _____
Signature

DATE: _____

NOT AVAILABLE: _____
Signature

DATE: _____

RATIONALE: Out of District Facilities already in use Other _____

CHECK RECEIVED: _____

CHECK DEPOSITED: _____

TO PAYROLL: _____

CONFIRM WORKERS: _____

Hold Harmless Agreement

In consideration of our use of the school facilities of the Black Horse Pike Regional School District, I _____ hereby
(Organization Official)
agree that the District shall not be liable for any damages arising from personal injury or property damages sustained in, on or about the District premises resulting from or arising out of the use or intended use of the District facilities or equipment. I agree, on behalf of _____
(Organization)

to assume full responsibility for any injuries which may occur in or about the District's premises, or while using or intending to use the District Facility's equipment, including, but without limitation, any claims for personal injury or property damage resulting from or arising out of the negligence of the District, its agents or employees, or the negligence of any other persons present on the District's premises.

Organization Official's Signature _____

Printed Name _____

Date _____

District Representative's Signature _____

Printed Name _____ Date _____

ACKNOWLEDGEMENT

The Black Horse Pike Regional School District's Use of Facilities Policy and Regulations are available for review on the district website, bhprsd.org. If you do not have access to a computer, please contact Nancy Anderson, 856-232-9706, ext. 6022 to obtain a copy of the Policy and Regulations.

Please sign below to acknowledge that you have read and understand the Black Horse Pike Regional School District's Use of Facilities Policy and Regulations.

Signature _____ Date _____

Please sign below to acknowledge that you have read and understand the Black Horse Pike Regional School District's Prevention and Treatment of Sports-Related Concussions and Head Injuries and that you are submitting a Concussion Certificate.

Signature _____ Date _____

APPLICATION FOR PERMIT

If the event will take place indoors, you must obtain a *Fire Safety Permit* from the Fire Marshall of the Township in which the Facility is located. Failure to submit this permit may result in financial penalties being imposed by the Fire District. Upon approval, a copy of the *Fire Safety Permit* must be received in the Business Office one week prior to the event. Failure to submit the *Fire Safety Permit* in the Business Office may result in approval being rescinded.

PAYMENT

IF THERE IS A COST TO USE THE FACILITY, THE CHECK SHOULD BE MADE OUT TO: BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT AND MAILED TO:

NANCY ANDERSON
TIMBER CREEK REGIONAL HIGH SCHOOL
501 JARVIS ROAD
ERIAL, NEW JERSEY 08081

CONCUSSION CERTIFICATE

The legislature has adopted NJSA18A: 41.4 and .5 requiring organizations using BOE facilities to comply with the BOE's sports concussion program. The MELWeb site (NJMEL.org) has a link to a model on line program designed by the CDC to assist members comply with this requirement. The link will print a certificate when a coach, referee or other sports official successfully completes the on line course. A copy of this certificate must be submitted to the Business Office one week prior to the event.

The link is: <http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html>

AFTER FORM IS COMPLETED, PLEASE EMAIL, FAX OR MAIL TO: NANCY ANDERSON, TIMBER CREEK REGIONAL HIGH SCHOOL, 501 JARVIS ROAD, ERIAL, NJ 08081, FAX: 856-232-5267 – EMAIL: nanderson@bhprsd.org. THANK YOU!