

**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				<b>OTHER</b>	
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, HIGHLAND REGIONAL HIGH SCHOOL, 480 ERIAL ROAD, BLACKWOOD, NJ 08012

\_\_\_\_\_  
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](http://bhprsd.org). If you do not have access to a computer, please contact Nancy Anderson, 856-227-4100, ext. 4089 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  
HIGHLAND REGIONAL HIGH SCHOOL  
480 ERIAL ROAD  
BLACKWOOD, NJ 08012  
856-227-4100 EXT. 4089

## 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](http://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, HIGHLAND REGIONAL HIGH SCHOOL, 480 ERIAL ROAD, BLACKWOOD, NJ 08012, FAX: 856-227-8008 – EMAIL: [nanderson@bhprsd.org](mailto:nanderson@bhprsd.org). THANK YOU.**