

NAME OF ORGANIZATION _____ DATE _____

ADDRESS _____

RESPONSIBLE PERSON _____ PHONE _____

PHONE _____

DAYS FACILITY TO BE USED _____ TIME _____

DATE _____ AREA OF BUILDING/GROUNDS _____

DESCRIBE ACTIVITY _____

NUMBER OF PEOPLE ANTICIPATED _____ % ABSECON RESIDENTS _____

NUMBER OF CHAPERONES _____ HALL MONITORS _____

IS THIS A PROFIT OR NON-PROFIT ORGANIZATION _____

FACILITIES USE FEE _____ No. of custodial hours _____ [include 1/2 hr time prior to event and 2 hours after event]

CUSTODIAL USE FEE _____ @ \$40.00 per hour totaling _____

IT IS HEREBY UNDERSTOOD AND AGREED THAT IF THIS APPLICATION IS GRANTED, THE UNDERSIGNED SHALL NEITHER DO, NOR PERMIT ANYTHING TO BE DONE IN OR ABOUT THE PREMISES WHICH SHALL OR MIGHT SUBJECT THE BOARD OF EDUCATION TO LIABILITY FOR INJURY TO PERSONS OR PROPERTY AND THE UNDERSIGNED SHALL INDEMNIFY AND SAVE HARMLESS THE BOARD OF EDUCATION FROM AND AGAINST ANY AND ALL LIABILITY, PENALTIES, DAMAGE, EXPENSES OR JUDGMENTS ARISING FROM INJURY TO PERSONS OR PROPERTY GROWING OUT OF THE USE OR OCCUPANCY OF THE DESIRED PREMISES OR GROUNDS BY SAID APPLICANT.

NO USE OF FACILITIES IS ALLOWED UNLESS YOU HAVE RECEIVED A COPY OF THIS APPLICATION APPROVED BY THE BUSINESS ADMINISTRATOR AND SUPERINTENDENT.

APPLICATIONS MUST BE SUBMITTED, ALONG WITH A DEPOSIT, NO LATER THAN (7) SEVEN DAYS PRIOR TO THE EVENT.

A CERTIFICATE OF INSURANCE, AS PROOF OF COMPREHENSIVE GENERAL LIABILITY COVERAGE, MUST BE SUBMITTED WITH THIS APPLICATION.

\$500,000 limit combined bodily injury and property damage, each accident \$1,000,000 aggregate

The applicant has read and does agree to comply with all the terms, rules, and regulations as shown on both the front and reverse side of this form, and does agree to pay promptly the charges, if any, as stated by the Business Administrator.

SIGNATURE OF RESPONSIBLE PERSON _____

Approved _____ Disapproved _____

SIGNATURE _____ /DATE _____ SIGNATURE _____ /DATE _____

Business Administrator

Superintendent

DEPOSIT RECEIVED ___ YES ___ NO DATE: _____

Regulation

USE OF FACILITIES AND GROUNDS FORM

ABSECON GROUP(S) - 75% of the group's participants must be Absecon residents [consists of #1-#3 below]
Approval of groups with less than 75% of Absecon residents as participants is at the discretion of the
administration [consists of #4-#7 below].

COMMUNITY ORGANIZATIONS – PRIORITY FOR USING THE FACILITIES/GROUNDS
NO CHARGE FOR NON-PROFIT GROUPS #1, 2, AND 3

- * * 1. Non-profit Absecon groups that directly support the education mission of the school including the PTO and the Absecon Education Foundation
- * * 2. Non-profit Absecon groups that provide educationally related and youth oriented programs such as ASAC, Travel Basketball, Gymnastics, Parks and Playgrounds, PALS, Lacrosse, and Scouts.
- * * 3. Other all volunteer non-profit Absecon groups.

GROUPS CHARGED #4, 5, 6, AND 7

- 4. Other paid staff non-profit Absecon groups.
- 5. Non-profit non-Absecon groups.
- 6. For-profit Absecon groups.
- 7. For-profit non-Absecon groups.

FEES FOR USING THE FACILITIES/GROUNDS

- * * No charge for non-profit Absecon groups, #'s 1, 2, & 3 above. Monetary or in-kind contributions are encouraged to offset the cost incurred by the school board to support these groups.

THESE FEES DO NOT INCLUDE ADDITIONAL CHARGES INCURRED FOR JANITORIAL SERVICES – AS REQUIRED:

	<u>MINIMUM</u> <u>4 HOUR RATE</u>	<u>EACH ADDITIONAL</u> <u>HOUR</u>	<u>CUSTODIAL HOURLY RATE</u> <u>ALLOW ½ HR TIME BEFORE/</u> <u>2 HR AFTER EVENT</u>
SOFTBALL FIELDS	\$150	N/A	
CAFETORIUM	\$200	\$25	
GYMNASIUMS	\$200	\$25	
CLASSROOMS	\$150	\$25	
LIBRARY	\$150	\$25	

HALL MONITORS ARE REQUIRED DURING SPORTING EVENTS OPEN TO THE PUBLIC.

GROUPS ARE RESPONSIBLE FOR LEAVING THE FACILITIES/GROUNDS CLEAR OF ANY TRASH OR OTHER ITEMS.

SMOKING AND ALCOHOL ARE PROHIBITED ON SCHOOL GROUNDS .

GROUPS WILL BE BILLED FOR ANY DAMAGES TO THE FACILITIES/GROUNDS OR FOR CUSTODIAL TIME REQUIRED TO RESTORE THE FACILITIES/GROUNDS IN A CONDITION TO BE USED BY THE SCHOOL.

I HAVE READ AND UNDERSTAND THE CONDITIONS FOR USING THE FACILITIES/GROUNDS:

Signature of Applicant _____ Date _____