



# SOVEREIGN AVENUE SCHOOL

3223 Arctic Avenue ▪ Atlantic City, New Jersey 08401

Attn: Nicole Williams, Principal (609) 343-7200 ext. 4947 ▪ Fax (609) 343-1583

## Facilities Use Application

Application # \_\_\_\_\_

The Atlantic City Board of Education must receive your application along with a brief description of your organization at least (4) four weeks prior to requested date. The Atlantic City Board of Education will mail written notification of the availability of the facilities requested and equipment need within five (5) business days of receipt of the application. ***All non-school organizations are required to attach a copy of your certificate of insurance to this application, which names the Atlantic City Board of Education as an additional insured. All non-school organizations must provide proof of non-profit status. All fees must be paid prior to the event.***

Name of Person/Organization \_\_\_\_\_

Address of Person/Organization \_\_\_\_\_

Name of Person Responsible \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email of Person responsible \_\_\_\_\_

Purpose of Meeting/Program \_\_\_\_\_

Date(s) Requested \_\_\_\_\_ Time of Meeting(s) From \_\_\_\_\_ To \_\_\_\_\_

Number of Attendees \_\_\_\_\_ Is Set Up Time Needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Will refreshments be served? Yes \_\_\_\_\_ No \_\_\_\_\_ Equipment Needed? Yes \_\_\_\_\_ No \_\_\_\_\_

*(Person/Organization will be responsible for damage to equipment)*

**Please Check Room(s) Requested — Rental Fees Apply – See Fee Schedule**

\_\_\_\_\_ Auditorium

\_\_\_\_\_ Cafeteria

\_\_\_\_\_ Gymnasium

(Additional fees apply according to your needs: Sound, Lighting, Custodial/Security, etc.)

### **Indemnity and Hold Harmless Agreement**

\_\_\_\_\_ agrees to indemnify and hold harmless the City of Atlantic City  
*(Name of Organization or Contact Person)*

and the Atlantic City Board of Education, their agents and employees from and against all claims, damages, losses, and expenses, including reasonable legal fees, arising out of the utilization of the Meeting Room(s) within the facility including claims as to bodily injury, illness, death, or property damage.

No smoking, alcoholic beverages or drug use allowed in or around the premises. A fee will be assessed depending on time and day. I hereby acknowledge that I have read and will abide by the following rules regulations.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization Head, Person Responsible

**FOR PRINCIPAL'S USE ONLY**

Is Insurance Required? Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, Attach Insurance Rider** \_\_\_\_\_

Staff Needed for Event? Yes \_\_\_\_\_ No \_\_\_\_\_

# of Custodial Staff \_\_\_\_\_ # of Security Staff \_\_\_\_\_ # of Sound Technician \_\_\_\_\_

***If yes, list staff to be assigned:***

Custodian \_\_\_\_\_ Custodian \_\_\_\_\_

Security \_\_\_\_\_ Security \_\_\_\_\_

Sound Technician \_\_\_\_\_ Lighting Technician \_\_\_\_\_

Approved by: \_\_\_\_\_ Denied by: \_\_\_\_\_  
*Building Principal Building Principal*

Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Facilities Coordinator*

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Buildings & Grounds Committee President*

*Application Granted* \_\_\_\_\_ *Application Denied* \_\_\_\_\_  
*Date Date*

Building Use Rental Fees: \$ \_\_\_\_\_ Accepted \_\_\_\_\_ Waived \_\_\_\_\_ Paid \_\_\_\_\_

Custodial/Security Fees: \$ \_\_\_\_\_ Paid: Check \_\_\_\_\_ Money Order \_\_\_\_\_