



ATLANTIC CITY HIGH SCHOOL

1400 Albany Avenue • Atlantic City, New Jersey 08401

Attn: Constance Days-Chapman, Principal (609) 343-7200 ext. 2350 • Fax (609) 343-7345

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

_____ Gymnasium

_____ Pool

_____ Boathouse

_____ Cafeteria A

_____ Cafeteria B

(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, Contact Person

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: _____
Building Principal

Denied by: _____
Building Principal

Date: _____

FOR OFFICIAL USE ONLY

Processed by: _____
Facilities Coordinator

Date: _____

Approved by: _____
Buildings & Grounds Committee President

Date: _____

Application Granted _____
Date

Application Denied _____
Date

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

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