



UPTOWN SCHOOL COMPLEX

323 Madison Avenue ▪ Atlantic City, New Jersey 08401

Attn: Atiba Rose, Principal (609) 344-8809 ext. 4278 ▪ Fax (609) 449-0346

Facilities Use Application

Contract # _____

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 Individual/Organization _____

Address of Individual/Organization _____

Name of Contact Person _____ Telephone Number _____

Address of Contact Person _____

Purpose of Meeting/Program _____

Date(s) Requested _____ Time of Meeting(s) From _____ To _____

Number of Attendees _____ Will refreshments be served? Yes _____ No _____

Will films or videos be shown? Yes _____ No _____ Equipment Needed? Yes _____ No _____

(Group will be responsible for damage to equipment)

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

_____ Multi Purpose/Cafeteria _____ Gymnasium _____ Pool

_____ Dance Studio _____ Classroom(s)

(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

President, Director, CEO, 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: _____ 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 _____