

North Hunterdon - Voorhees Regional High School District
APPLICATION FOR USE OF SCHOOL FACILITIES

(APPLICATION MUST BE RECEIVED AT LEAST 2 WEEKS PRIOR TO ACTIVITY)

AT (CHECK ONE):

NORTH HUNTERDON HIGH SCHOOL
445 STATE ROUTE 31
ANNANDALE, NJ 08801
(908) 735-5191

VOORHEES HIGH SCHOOL
256 COUNTY RT. 513
GLEN GARDNER, NJ 08829
(908) 638-6116

THIS IS AN: IN-SCHOOL ACTIVITY OUTSIDE ORGANIZATION ACTIVITY
(CHECK ONE)

NAME OF ORGANIZATION OR DEPT. _____ DATE: _____

CONTACT PERSON : _____

ADDRESS: _____

PHONE NUMBERS: _____ (DAY) _____ (EVENING) NO. OF PARTICIPANTS _____

CALENDAR DATE(S) REQUESTED: _____

ACTIVITY DESCRIPTION _____

TIME OF ACTIVITY: _____ AM TO _____ AM TIME YOU WILL NEED FACILITY: _____ AM TO _____ AM
PM PM PM PM

REQUEST THE USE OF: (CHECK ALL THAT APPLY)

- AUDITORIUM MUSIC ROOM(S) FACULTY LOUNGE MALL
- STAGE CLASSROOM(S) (SPECIFY) _____
- LIBRARY FACILITY
- CONFERENCE ROOM _____ KITCHEN *
- LOCKER ROOMS COVE** (VHS)
- GYM (SPECIFY): BOYS (NH) GIRLS (NH) MAIN (VHS) BACK (VHS) WRESTLING ROOM
- CAFETERIA (SPECIFY): CAFÉ A (NH) CAFÉ B (NH) MAIN CAFÉ (VHS) NEW CAFÉ (VHS)
- OUTDOOR FACILITY (SPECIFY): _____
- OTHER (SPECIFY): _____

SPECIAL SET-UP OR EQUIPMENT NEEDED: _____

* KITCHEN FACILITIES AVAILABLE ONLY WHEN CAFÉ STAFF ARE RESPONSIBLE FOR WORK AND SUPERVISION.
** ARRANGEMENTS MUST ALSO BE MADE WITH HUNTERDON COUNTY POLYTECH FOR USE OF THIS AREA.

THE SUPERVISOR OF FACILITIES WILL DETERMINE AND ASSIGN THE NECESSARY PERSONNEL TO INSURE PROPER SECURITY AND CUSTODIAL COVERAGE. **ORGANIZATIONS ARE RESPONSIBLE FOR ANY CHARGES INCURRED.**

A CERTIFICATE OF COMMERCIAL GENERAL LIABILITY INSURANCE (MIN. COVERAGE - \$500,000 PER OCCURRENCE) IS REQUIRED.

IN SIGNING THIS APPLICATION THE APPLICANT CERTIFIES THAT THE RULES AND REGULATIONS GOVERNING THE USE OF SCHOOL FACILITIES HAVE BEEN RECEIVED AND ARE FULLY UNDERSTOOD AND ACCEPTED. THE USER FURTHER AGREES TO INDEMNIFY AND SAVE HARMLESS THE NORTH HUNTERDON-VOORHEES REGIONAL HIGH SCHOOL DISTRICT BOARD OF EDUCATION FROM ANY CLAIM DUE TO PERSONAL INJURY OR PROPERTY DAMAGE SUFFERED OR INCURRED IN CONNECTION WITH OR ARISING FROM THE ACTIVITIES OF THE APPLICANT. IN ADDITION, THE APPLICANT SHALL BE RESPONSIBLE FOR ANY PENALTIES LEVIED DUE TO FIRE, HEALTH, OR SAFETY CODE VIOLATIONS RESULTING FROM THE ACTIVITY AND / OR THE PARTICIPANTS. A \$100.00 /DAY DEPOSIT IS REQUIRED AND MUST BE RECEIVED PRIOR TO APPROVAL OF APPLICATION.

X _____
SIGNATURE OF SPONSOR OR REPRESENTATIVE DATE

FOR OFFICE USE ONLY

INSURANCE CERTIFICATE RECEIVED _____	DATE(S) ARE AVAILABLE: _____ YES _____ NO
DISCLAIMER IN LIEU OF ABOVE RECEIVED _____	NO. OF CUSTODIANS NEEDED : _____
NON-PROFIT ORG. _____ YES _____ NO	COMMENTS: _____
DEPOSIT RECEIVED: \$ _____	_____

APPROVAL ROUTING:

STUDENT ACTIVITIES DIR: _____ DATE _____

FACILITIES SUPERVISOR: _____ DATE _____ THEATER COORDINATOR: _____ DATE _____

CAFETERIA MANAGER: _____ DATE _____

DIRECTOR OF ATHLETICS : _____ DATE _____ A.V. DIRECTOR: _____ DATE _____

THE BOARD OF EDUCATION APPROVES / DOES NOT APPROVE YOUR APPLICATION FOR THE USE OF _____
ON _____ DATE (S) _____

ROOM(S) / AREA _____

BUILDING ADMINISTRATOR (OR DESIGNEE) DATE