EGG HARBOR CITY SCHOOL DISTRICT

730 Havana Avenue, Egg Harbor City, New Jersey 08215-1546 609-965-1034

INITIAL APPLICATION FOR USE OF THE BUILDINGS OR GROUNDS SCHOOL YEAR 2021 – 2022

Name of Organization			Date		
Address			Phone		
Contact Person:			Phone		
Alternative Contact Person:			Phone		
Activity: _	Entertainment	Athletic Event	Meeting		
Other:					
Complete description	on of activity:				
What furniture or ed	quipment will you need the	school district to supply for	your function		
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.					
All approved applicants must furnish a certificate of insurance as proof of comprehensive General Liability coverage at least five [5] days prior to the use of the facilities, naming the Board of Education of Egg Harbor City School District as an insured party. The certificate must be written on a company licensed to do business in the State of New Jersey and must include the following coverage: *Bodily Injury: \$1,000,000 each person; \$1,000,000 each accident; \$1,000,000 aggregate *Property Damage: \$1,000,000 each accident.					
AGREE TO PAY SPORTS GROUP POLICY #5460 FO LOCATED ON	PROMPTLY THE CHAR PS HEREBY ACKNOWI DR THE MANAGEMENT	GES AS STATED FOR CU LEDGE THAT THEY HA' OF CONCUSSIONS AND	TH ALL OF THE TERMS, AND DOES ISTODIAL SERVICES. ALL YOUTH WE REVIEWED SCHOOL DISTRICT OTHER HEAD INJURIES, WHICH IS TO FULLY COMPLY WITH ALL		
Date request submit	tted	Signature/Title:			

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Page t	two Office Use:		
Priori	ty Classification of Applicant:	CLASS	
Appro	oved Disapproved	Signature:	Date:
Rema	rks:		
<u>ITEM</u>	MIZED COST:		
SERV	<u> ICE CHARGE</u>		
1.	CUSTODIAN - \$(payable by applicant to custodia	/ HR xan upon conclusion of activit	y) hrs = \$
2.	\$	/HR x	hrs = \$
<u>FACI</u>	LITY CHARGE		
1.	(Payable to the EHC Board of E	- \$ducation)	_
2.		- \$	_
	UNDABLE DEPOSIT - \$100.00 sit will be returned in full if the pre	nises and/or equipment are f	ound to be in proper condition)
CERT	TIFICATE OF INSURANCE RECE	EIVED:YES	NO
RECE	E: FACILITY FEE, REFUNDABLE EIVED BY THE OFFICE OF THE I R TO THE USE OF THE FACILIT	BUSINESS ADMINISTRAT	CATE OF INSURANCE MUST BE FOR AT LEAST FIVE [5] DAYS
EDUC THE A NO N AFTE		IFIED AT LEAST BY 12 O' DAY BEFORE A MORNING APPLICANT FAILS TO AP ED TO START, THE APPLI	CLOCK NOON ON THE DAY OF G OR SATURDAY ACTIVITY. IF PPEAR WITHIN ONE [1] HOUR CANT MUST PAY THE

ALSO THE OPERATING COST, IF ANY, FOR THE TIME THE BUILDING IS KEPT OPEN.