LOWER CAPE MAY REGIONAL SCHOOL DISTRICT
687 Route 9, Cape May, New Jersey 08204

APPLICATION AND AGREEMENT FOR USE OF FACILITIES

Use one application for each event-mail application to administration office.

Date_____

1. Name of organization:_____
   Mailing address: _____
   _____

2. Officers of organization: President_____
   Secretary_____

3. Person making arrangements with school: Name_____
   Telephone_____
4. Person responsible for supervising activity: Name_____
   Telephone_____

5. School requested: High School_____ RMT_____

6. Facility requested, check appropriate box: Cafeteria (not kitchen)_____
   Paul W. Schmidtchen Theatre_____ Classroom (which?)_____
   Large Gym_____ Small Gym_____ Field House_____
   Field (which?)_____ Other_____

7. School equipment requested: (if use is granted, responsibility for setting up activity and use of equipment rests with the requesting group)
   Tables (number)_____Chairs (number)_____Head Table_____
   Use of PA system_____ Extra microphones_____ Podium_____
   Other_____

8. Purpose for which facilities are requested:_____

9. Certificate of Insurance is required, which must be provided with this application. **Lower Cape May Regional must be named "Additional Insured" and a copy of the Policy Endorsement that adds the district as an additional insured.**

10. Will admission be charged?_____ If so, price of admission_____
    Estimated number of participants_____

11. A signed Statement of Compliance will be required hereby acknowledging that you have reviewed the school district policy/regulation for the management of concussions and other head injuries and you agree to fully comply with all requirements of that policy **(this is a mandatory requirement for all athletic organizations including youth sports team organizations).**

12. FEES – Will be determined by the School Business Administrator, based on the type and needs of event being requested (see General Regulations for Use of Buildings and Grounds)

13. DATE OF USE (include all rehearsals)

MONTH(S)	DATE(S)	TIME(S)

*****SMOKING IS PROHIBITED ON SCHOOL GROUNDS*****