

Hunterdon Central Regional High School - Facility Use Application

All applications must be approved two weeks prior to the scheduled event

PH. (908) 284.7172 or 7170 FAX (908) 284.7297

Location: _____

Date of Application: _____

Organization or Group Name: _____ Type of Program or Purpose: _____

Person in Charge: _____ Title: _____ Email: _____

Phone No. (H): _____ Phone No. (W) _____ Cell: _____ Fax: _____

Address: _____ City, State, Zip _____

Signature of responsible party completing this form: _____

- ◆ This organization will comply with all rules and regulations governing use of school facilities as written and supplied with this application.
- ◆ Applicant will provide its own insurance, listing the Hunterdon Central Board of Education as additional insured for \$1,000,000.00.
- ◆ The use of AED units by outside organizations is not covered by the district's insurance policy.
- ◆ All events may be cancelled within 24 hours of event, deposit to be forfeited.
- ◆ \$100 deposit due with application – applies to outside organization

Fees are to be billed to: Name: _____ Email: _____

Address: _____ City, State, And Zip: _____

Phone No. (H): _____ (W): _____ Cell: _____ Fax: _____

Date(s) Requested: _____

Area(s) Requested:	Day(s) Requested (circle)	Time-From	To:	Rental Fee
<input type="checkbox"/> Auditorium/Stage	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____
<input type="checkbox"/> Lighting/Sound	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____
<input type="checkbox"/> Wooden Gym	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____
<input type="checkbox"/> Aux. Gym	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____
<input type="checkbox"/> Athletic Field	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____
<input type="checkbox"/> Classroom(s)	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____
<input type="checkbox"/> Little Theater	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____
<input type="checkbox"/> Field House	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____
<input type="checkbox"/> Kitchen*	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____

* Kitchen use requires the presence of the district's dining services for an additional fee. (908.284.7113)

Equipment or special needs: _____ (Tables/Chairs/lighting)

Number of people expected: _____ Admission/Registration Fee? Yes No Amount _____

For Dept. Use Only

Services Required	No. Personnel	Hours	x	Rate	Fee Schedule/Group No.: _____	
					Estimated Costs	Actual Costs
Custodial	_____	_____	_____	_____	_____	_____
Lighting	_____	_____	_____	_____	_____	_____
Sound	_____	_____	_____	_____	_____	_____
Parking	_____	_____	_____	_____	_____	_____

Total Estimated Cost

Rental _____

Services _____

Total _____ Operations Assistant signature: _____ Date _____

Dates the building is not available: _____

Reason not approved: _____