

**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 (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. Will admission be charged?_____ If so, price of admission_____

10. DATE OF USE (include all rehearsals)

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

CUSTODIAN AUTHORIZATION
(added clean up time to be billed)

Number of custodians:_____

Hours: From_____

To_____

FEES TO BE CHARGED:

Area Used \$_____

Custodial Fees \$_____

Amount Due \$_____

Approved / Disapproved Date_____

Signature of Supervisor of Athletics/Activities