



# Facility Use Application

## 2025-2026 School Year

**Cape May County Technical School District**  
188 Crest Haven Road, Cape May Court House, NJ 08210

The Board of Education of the Cape May County Technical School District of the County of Cape May must receive your application along with a brief description of your organization at least (4) four weeks prior to the requested date. The Board will mail written notification of the availability of the facilities requested and equipment needed within five (5) days of receipt of the application. *All non-school organizations are required to attach a copy of your certificate of insurance to this application, which names the Cape May County School District as an additional insured. All non-school organizations must provide proof of non-profit status. **ALL FEES MUST BE PAID PRIOR TO THE EVENT.***

### Contact Information

Name of Individual/Organization: \_\_\_\_\_

Address of Individual/Organization: \_\_\_\_\_

Name & Title of Contact Person: \_\_\_\_\_

Phone Number of Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Event Information

Purpose of Meeting/Program: \_\_\_\_\_

Date (s) Requested: \_\_\_\_\_ Number of Attendees: \_\_\_\_\_

Time of Meeting (s): **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ Will Refreshments be Served? (circle one): **YES** **NO**

Will Video/Film be Shown? (circle one): **YES** **NO** Room (s) Requested\*: \_\_\_\_\_

List of Equipment being Used\*: \_\_\_\_\_

*\*Group will be responsible for any damage to the facility and/or equipment.*

*\*\*Rental Fees apply (Additional fees may apply according to your needs: sound, lighting, custodial staff, security staff, etc.).*

### Indemnity and Hold Harmless Agreement

\_\_\_\_\_  
\_\_\_\_\_  
(Name of Organization or Contact Person) Agrees to indemnify and hold harmless the Board of Education of the Cape May County Technical School District of the County of Cape May, their agents and employees from and against all claims, damages, losses, and expenses, including reasonable legal fees, arising out of the utilization of the above areas within the Facility including claims as to bodily injury, illness, death, or property damage.

**NO SMOKING, ALCOHOLIC BEVERAGES, OR DRUG USE ALLOWED IN OR AROUND THE PREMISES. A FEE WILL BE ASSESSED DEPENDING ON TIME AND DAY. I HEREBY ACKNOWLEDGE THAT I HAVE READ AND WILL ABIDE BY THE FOLLOWING RULES AND REGULATIONS.**

**NOTE:** If the activity/event is scheduled to take place at any time other than during normal business hours and requires security staff, custodial and/or maintenance staff (Black Seal Operator) the applicant agrees to pay for the cost based on the approved fee schedule.



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**Please Note:** Use of athletic fields or facilities requires compliance with district policies for management of concussion and other head injuries. CMCTSD does not have AEDs on its playing fields nor does it provide AEDs to outside entities. Teams or Groups using CMCTSD athletic fields must supply their own AED devices.

Type of activity: Entertainment \_\_\_\_\_ Athletic Event \_\_\_\_\_ Meeting/Workshop \_\_\_\_\_ Other (Explain): \_\_\_\_\_

Briefly describe the activity or attach an agenda: \_\_\_\_\_

Number of people in the group: \_\_\_\_\_ Admission Charge (if any): \$ \_\_\_\_\_ Number of people anticipated: \_\_\_\_\_

What is to be the use of the proceeds of this activity?: \_\_\_\_\_

FEES FOR EVENT SPACES (PER DAY)	In-County Non-Affiliated	Out-of-County Non-Affiliated
	Non-Profit/Profit	Non-Profit/Profit
• Conference Center	\$300.00	\$450.00
• Gymnasium	\$150.00	\$275.00
• Gym Annex (MAC)	\$100.00	\$175.00
• Cafeteria	\$100.00	\$175.00
• Perch Cafe	\$100.00	\$175.00
• Media Center	\$100.00	\$175.00
• Weight Room	\$65.00	\$125.00
• CTE Shop / Classroom	\$65.00	\$125.00
• Computer Lab	\$65.00	\$125.00
• General Classroom	\$65.00	\$125.00

### FEES FOR EVENT STAFF

- Site Administrator \$65 per hour
- IT Technician \$65 per hour
- Security \$45 per hour
- Facilities Staff \$45 per hour

### ***RATES ARE PER HOUR x NUMBER OF STAFF REQUIRED***

***Minimum of 4 hours required for weekends and holidays***

### **Athletic Events**

- Scoreboard Operator \$50.00 per Game/Match

***Affiliated Non-Profit Event Space waived, all staff fees/rates are applicable.***

**All fees must be paid 10 days in advance of the event.** There will be a **\$25.00 fee** charged for any returned checks. The Board reserves the right to cancel any event if these fees are not paid in advance. No refund will be given for any notice of cancellations within 24 hours or less prior to the event.



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IT IS HEREBY UNDERSTOOD AND AGREED THAT IF THIS APPLICATION IS GRANTED THE UNDERSIGNED AGREES TO INDEMNIFY AND HOLD HARMLESS THE CAPE MAY COUNTY TECHNICAL SCHOOL DISTRICT AND THEIR AGENTS AND EMPLOYEES, FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES IN CASE IT SHALL BE NECESSARY TO FILE AN ACTION ARISING OUT OF ACTIVITY HEREIN, WHICH IS 1) FOR PERSONAL OR BODILY INJURY, ILLNESS OR DEATH, OR FOR PROPERTY DAMAGE, INCLUDING USE OF AND 2) CAUSED IN WHOLE OR IN PART BY NEGLIGENT ACT OR OMISSION. THIS INDEMNIFICATION AND AGREEMENT SHALL APPLY IN ALL INSTANCES WHETHER CAPE MAY COUNTY TECHNICAL SCHOOL DISTRICT IS MADE PARTY TO THE ACTION OR CLAIM OR IS SUBSEQUENTLY MADE A PARTY TO THE ACTION BY THIRD-PARTY IN-PLEADING OR IS MADE A PARTY TO A COLLATERAL ACTION ARISING, IN WHOLE OR PART, FROM ANY OF THE ISSUES EMANATING FROM THE ORIGINAL CAUSE OF ACTION.

APPLICANT SHOULD READ CAREFULLY ALL RULES AND REGULATIONS..

ALL APPROVED APPLICANTS MUST FURNISH A CERTIFICATE OF INSURANCE AS PROOF OF COMPREHENSIVE GENERAL LIABILITY COVERAGE INCLUDING CONTRACTUAL LIABILITY AT LEAST (30) DAYS PRIOR TO THE USE OF THE FACILITIES, NAMING THE CAPE MAY COUNTY TECHNICAL SCHOOL DISTRICT BOARD OF EDUCATION AS ADDITIONAL INSURED ON A PRIMARY NONCONTRIBUTORY BASIS. THE COVERAGE MUST BE WRITTEN BY A COMPANY LICENSED TO DO BUSINESS IN THE STATE OF NEW JERSEY AND MUST INCLUDE THE FOLLOWING COVERAGE:

- **COMBINED SINGLE LIMIT POLICY OF ONE MILLION DOLLARS PER OCCURRENCE FOR BODILY INJURY/PROPERTY DAMAGE AND/OR PERSONAL INJURY**

THE APPLICANT HAS READ AND DOES AGREE TO COMPLY WITH ALL OF THE TERMS, RULES AND REGULATIONS AS SHOWN ON THIS FORM AND DOES AGREE TO PAY PROMPTLY ANY APPLICABLE CHARGES. APPLICANTS REQUESTING USE OF ATHLETIC FIELDS OR ATHLETIC FACILITIES HAS READ AND DOES AGREE TO COMPLY WITH THE CONCUSSION COMPLIANCE CODE IN ACCORDANCE WITH DISTRICT POLICY POSTED ON THE DISTRICT'S WEBSITE.

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DATE

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SIGNATURE / TITLE

**Please send completed applications to:**

Anne Gibboni, *Buildings and Grounds*  
[agibboni@capemaytech.com](mailto:agibboni@capemaytech.com) | 609-380-0200 Ext. 222

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**FOR OFFICE USE ONLY:**

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Education Meeting: \_\_\_\_\_ Board Resolution #: \_\_\_\_\_