

EXTERNAL GYM / FIELD USE FORM

Return this form to the Jennie Ayres, Business Services Telephone: 609-343-5039 – Email: jayres@atlantic.edu

Today's date _____

Name of Event _____

Type of Event _____

Contact person _____ Telephone _____

Contact / person responsible on site day of event _____ / _____

Email: _____ / _____ Telephone _____ / _____

EVENT DATE(S): _____ **ESTIMATED NUMBER OF ATTENDEES** _____

EVENT START TIME _____ **EVENT END TIME** _____

ARRIVAL TIME _____ **DEPARTURE TIME** _____

SPACE REQUESTED: Gym Field _____ TBD _____

 Are special parking requirements: (buses, vans, handicapped or reserved) Yes No if yes, please specify and give additional details _____

 Yes No **Registration table** Yes No **Concession table**
 Yes No **Scoreboard** Yes No **Locker Rooms**
 Yes No **Podium/Microphone** Yes No **Bleachers**
 Yes No **Police** Yes No **EMT**
 Yes No **Floor Covering** (1/2 Gym Whole gym)

 Yes No **Gym Setup:** _____

OTHER EQUIPMENT NEEDS: Please explain in detail: _____

 Yes No **FOOD SERVICE** (Must be through our vendor. Plan your catering with Jennie Ayres)

FOOD SETUP TIME _____ **FOOD BREAKDOWN TIME** _____

CONTACT FOR CATERING _____

ADDITIONAL SPACE AND/OR NEEDS FOR YOUR EVENT? Yes No If yes complete the following:

 Meeting rooms _____ **Number of rooms** _____ **Number per room** _____

 Other - Please specify _____

[Use back of form for additional details]

It is agreed that approval of this application is subject to regulations specified in the Policies and Procedures Manual provided by Atlantic Cape Community College. In no way will there be an implication in any verbal or written statement, the endorsement or sponsorship by the college of the activity. Any advertisement for this event using Atlantic Cape's name and/or location must be approved by Atlantic Cape prior to using said advertisement. If Atlantic Cape closes to the public because of reasonable concern due to weather emergencies, power outages, water outages, civil unrest, threat to national security or any other occurrence which may threaten the safety of persons on campus, events may be canceled. The college shall not be responsible for any costs to the Sponsor resulting from a cancellation or delay due to such a decision. The college will not charge for its contracted facilities and services that were not used due to cancellation by the college. Failure to accept and abide by these terms will result in cancellation of this contract. Any and all costs associated with this cancellation, incurred by the applicant, will be borne by the applicant. Client agrees to indemnify, save and hold harmless Atlantic Cape Community College and its directors, officers, employees, representatives or agents against any and all demands, claims, suits, losses, costs or damages arising out of claims of any nature, type or description in any way arising out of or in any way connected with this Agreement.

Authorized signature**Date**

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THIS SECTION FOR COLLEGE USE ONLY

This is not a valid contract unless signed by the President or Executive Director of Administration and Business Services.

Date received _____ Certificate of Insurance received _____ Action taken: Approved: Yes No

Basic Fee \$ _____ Extra cost \$ _____ **Total due \$**

Jennie Ayres **Date**
Events Specialist, Business Services

August Daquila **Date**
Executive Director of Administration and Business Services

Athletics' Copy _____ Calendar listing _____ Work Order # _____ Catering _____

NOTES: _____