

HAMPTON TOWNSHIP
1 RUMSEY WAY
NEWTON, NJ 07860

FACILITY USE APPLICATION

1. Basic use of facility is free.
2. Any **extra** costs as per schedule below will be borne by user.
 - a. Custodial fee - \$ _____ / hour
 - b. Extra lighting or sound system use requiring specialized personnel - \$ _____ /event per system
 - c. Any moving, setup, etc., will be provided by **user** or will pay cost incurred by _____.
 - d. Any damage will be assessed and charged per cost incurred.
3. Individual making request: _____
Address: _____
Phone number: _____ Date of Application: _____
4. Information:
 - a. Facility requested: _____
 - b. Date(s): _____
 - c. Reason: (Please also indicate if use is for specialized performance, etc.)

 - d. Sponsoring organization: _____
 - e. Hours of use: _____ to _____
 - f. Will this request require any services (as per #2) or specialized use?
Yes _____ No _____
 - g. A conference with _____ may be required for all uses and fee assessment. Please forward to _____ office or call: _____.
 - h. All users are required to maintain, in addition to any insurance required by law, Comprehensive Liability Insurance, in an amount not less than \$1,000,000 per occurrence. The **TOWNSHIP OF HAMPTON**, must be named as an additional insured on this policy. A certificate of insurance as described must be provided to the **TOWNSHIP OF HAMPTON** before the facility is used. Failure by _____ to enforce the required production of the certificate will not void users' obligation to provide the insurance as aforesaid. In addition, by making this application, user agrees, that should this application be granted, user will indemnify, hold harmless, and defend the _____, against any and all demands, claims, damages, fees, cost and liabilities of any kind (including but not limited to attorneys fees) to the fullest extent permitted by law.
 - i. All prospective users must provide a minimum of two weeks notice and all requests may be subject to _____ approval.

OFFICE USE ONLY

Conflict _____ No Conflict _____ Needs to be rescheduled _____

Contact Office for more information _____

Special fees: _____

AUTHORIZED SIGNATURE

Approved _____ Disapproved _____

Date