

Application for Use of School Facilities

Date Applied: \_\_\_\_\_

completed application form must be filed in the Business Office and approved by the Assistant Superintendent before the facility is reserved. PLEASE PRINT.

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Address of Authorized Representative: \_\_\_\_\_

EMAIL ADDRESS (MANDATORY): \_\_\_\_\_

Phone No. of Authorized Representative: \_\_\_\_\_

Building Requested: \_\_\_\_\_

Facility/Room Requested: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Participants –Type (students, parents, etc.) \_\_\_\_\_ Number: \_\_\_\_\_

Day(s) of Week: \_\_\_\_\_

Date(s) (if multiple dates, list on separate sheet): \_\_\_\_\_

Beginning Time - Ending Time: \_\_\_\_\_

Equipment (tables, chairs, etc.): \_\_\_\_\_

Non-Profit Organization?: Will admission be charged?

I am aware that the facility usage fee (if applicable) is due and payable prior to our use of the facility. We agree to follow the District’s “Community Use of School Facilities” policy and regulations, copies of which are available from the District upon request. It is understood that School District 102 activities have preference for facility use over outside activities and that District facilities are not available on school holidays or weekends unless special arrangements are made.

If permission is granted for this facility use, we agree to be responsible for any injuries sustained by any person attending or participating in the program or activity during our use of the school facilities. We also agree to be responsible for replacement in case of any property damage or loss incurred and to pay the costs of clean up, if any. We also agree to hold harmless the Board of Education and its employees from any accident or liability arising as a result of this use of school facilities. We understand that prior to facility use, we must provide the District with a valid Certificate of Insurance. We understand that if permission is granted for use of the District’s facility and the facility will be used for the supervision, training or instruction of physical fitness activities, we must have at least one trained AED user[1] present. Information regarding the location of the AED and Medical Emergency Plan will be provided. We understand that pay phones may not be available in all buildings for our use.

Principal’s

Approval: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Signature of Organization’s Authorized Representative

Custodian Required:  Yes  No If yes, hours scheduled: \_\_\_\_\_

Do not complete below this line

Facility Use:  Approved  Denied, reason: \_\_\_\_\_

Certificate of Insurance on file/received:  Yes Expiration: \_\_\_\_\_  No  Not Required

This approval is subject to certain other conditions: \_\_\_\_\_

The rental/custodial charge, as follows, is payable in advance to School District 102, 333 North Park Rd., La Grange Park, IL 60526:

Date

Assistant Superintendent or Designee

[1] A trained AED user is one who has : (1) successfully completed a course of instruction in accordance with the standards of a nationally recognized organization such as the American Red Cross, the American Heart Association, or other program which complies with the rules approved by the Illinois Department of Public Health; or (2) is licensed to practice medicine in all its branches in Illinois in accordance with the Medical Practice Act of 1987.