



APPLICATION FOR USE OF SCHOOL FACILITIES AND GROUNDS

EVERGREEN PARK COMMUNITY HIGH SCHOOL

9901 S. Kedzie Avenue
Evergreen Park, IL 60805

DATE OF APPLICATION: _____

NAME OF REQUESTING ORGANIZATION: _____

CONTACT NAME: _____ CONTACT PHONE: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

TYPE/DESCRIPTION OF ORGANIZATION: _____

FOR PROFIT NOT FOR PROFIT (NFP GROUPS MUST PROVIDE COPY OF TAX EXEMPT LETTER OR SIMILAR PROOF)

COST TO PARTICIPATE IN ORGANIZATION/ACTIVITY: _____

DATE/S REQUESTED: _____

HOURS REQUESTED: From: _____ To: _____

PURPOSE OF RENTAL: _____

NAME OF RESPONSIBLE ADULT ONSITE DURING REQUESTED DATES/TIMES:

_____ **CELL PHONE #** _____

ESTIMATED ATTENDANCE: _____ PRICE OF ADMISSION: _____ ESTIMATED INCOME: _____

SPACE REQUESTED:

- | | |
|---|---|
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Large Gym |
| <input type="checkbox"/> Baseball/Softball Fields | <input type="checkbox"/> Lecture Room |
| <input type="checkbox"/> Cafeteria—North Side | <input type="checkbox"/> LRC |
| <input type="checkbox"/> Cafeteria—South Side | <input type="checkbox"/> Small Gym |
| <input type="checkbox"/> Classroom/s | <input type="checkbox"/> Staff Lunch Room |
| Room: _____ | <input type="checkbox"/> Turf Field |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Other: _____ |

EQUIPMENT NEEDS

- | | |
|---|---|
| <input type="checkbox"/> Tables: no. _____
Type: 12' ___ 6' ___ 4' ___ | <input type="checkbox"/> Podium |
| Chairs: no. _____ | <input type="checkbox"/> Special Lighting |
| <input type="checkbox"/> Garbage Cans: no. _____ | <input type="checkbox"/> Field Lights |
| <input type="checkbox"/> Projector | <input type="checkbox"/> Water Jugs |
| <input type="checkbox"/> Screen | <input type="checkbox"/> Extension Cords: no. _____ |
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Ladder |
| <input type="checkbox"/> Microphone <input type="checkbox"/> Cordless | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Other |

ATTACH SET UP DIAGRAM AND SPECIAL REQUESTS (page 3) IF NEEDED



1. **All non-school related groups must supply adequate supervision to ensure proper care and use of school facilities.**
 - Sufficient, competent adult supervision must be provided and the adult supervisor must ensure that no minor child is left alone after the activity.
 - Entering any room or area not in use by the group is prohibited. The group will vacate the facility at the scheduled end time. Use of the school facility is not permitted past the agreed end time.
 - No furniture or equipment may be moved without prior approval from the Facilities Director.
 - Signs, displays, or materials may not be attached, nailed, or otherwise affixed to walls.
2. **All non-school related groups must agree to:**
 - Indemnify and hold harmless the District and its agents and employees for and from any and all loss including attorneys' fees, damages, expense, and liability arising out of its use of school property.
 - Pay any damages to school facilities, furniture, or equipment arising out of its use of school property whether such damage was accidental or deliberate. The cost of damages will be based on the repair or replacement cost, the choice of which is at the Board of Education's discretion.
 - Supply proof of insurance naming Evergreen Park Community High School District 231 as an additional insured and verifying that the group maintains adequate insurance coverage against personal injury and/or property loss.
3. **All non-school related groups must pay fees according to Schedule A and Schedule B (pages 6 & 7 of the USE OF SCHOOL FACILITIES AND GROUNDS document) provided with the application.**
4. **All non-school related groups must agree to use appropriate emergency procedures including calling 9-1-1 for medical emergencies and whenever an AED is used.**
5. **All non-school related groups must agree to follow the District's *Plan for Responding to a Medical Emergency at a Physical Fitness Facility, 4:170-AP6.* (available at www.evergreenpark.org) **IMPORTANT:** The District will not supervise the activity nor will it supply trained AED users to act as emergency responders at any time, including during staffed business hours.**

I certify that I am authorized to act for the above-named organization. I understand that: (1) the granting of this request does not constitute recognition of my organization as a school-related group or activity, and (2) my organization may not represent itself or any of its activities as school-related.

I agree to: (1) abide by the conditions stated in this application, and (2) adhere to all Board policies and administrative procedures applicable to this use of the school's facility.

Signature of Authorized Person: _____ Date: _____

An authorized representative of the organization must contact Mr. Tim Donohoe, Facilities Director, at 708.398.1287 or tdonohoe@evergreenpark.org to coordinate building and equipment needs. See page 2 for equipment list and page 3 for set up diagram space.

***Activity/event will not be placed on the calendar until written approval has been received from the District**

For School/Office Use																																									
ADMINISTRATIVE AUTHORIZATION FOR USE:																																									
				Certificate of insurance received:																																					
				yes ___ no ___																																					
Administrator Signature			Date																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">FEE TYPE</th> <th style="width: 15%;">DAYS</th> <th style="width: 5%;">X</th> <th style="width: 15%;">FEE</th> <th style="width: 5%;">=</th> <th style="width: 30%;">TOTAL</th> </tr> </thead> <tbody> <tr> <td>AREA/SPACE</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>EQUIPMENT</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PERSONNEL</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL DUE</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FEE TYPE	DAYS	X	FEE	=	TOTAL	AREA/SPACE						EQUIPMENT						PERSONNEL						OTHER						TOTAL DUE					
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INVOICED ON: _____ PAYMENT RECEIVED ON: _____ TYPE: _____ (CASH,CHECK,CHARGE)																																									



APPLICATION and PROCEDURES: PAGE 3

SPECIAL REQUESTS: _____

SET UP DIAGRAM: