



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:

☐ Auditorium

☐ Baseball/Softball Fields

☐ Cafeteria—North Side

☐ Cafeteria—South Side

☐ Classroom/s

Room: _____

☐ Kitchen

☐ Large Gym

☐ Lecture Room

☐ LRC

☐ Small Gym

☐ Staff Lunch Room

☐ Turf Field

☐ Other: _____

EQUIPMENT NEEDS

☐ Tables: no. _____

Type: 12' ____ 6' ____ 4' ____

Chairs: no. _____

☐ Garbage Cans: no. _____

☐ Projector

☐ Screen

☐ Laptop

☐ Microphone ☐ Cordless

☐ Podium

☐ Special Lighting

☐ Field Lights

☐ Water Jugs

☐ Extension Cords: no. _____

☐ Ladder

☐ Other

☐ Other

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

INVOICED ON: _____ PAYMENT RECEIVED ON: _____ TYPE: _____
(CASH CHECK CHARGE)



APPLICATION and PROCEDURES: PAGE 3

SPECIAL REQUESTS: _____

SET UP DIAGRAM: