**LEMONT HIGH SCHOOL DISTRICT 210**

**FACILITY USAGE REQUEST FORM**

***Please complete this form in Microsoft Word. The applicant’s/requestor’s typed name at the bottom serves as his/her signature.***

***Internal users should return this form via e-mail to Deb Finnegan, submit it in person in the Activities/Athletics Office, or place it in Deb Finnegan’s mailbox.***

***External users may return the form via e-mail to dfinnegan@lhs210.net - via fax at (630) 243-0640 - or by mail (800 Porter Street, Lemont, IL 60439).***

1. **APPLICANT/REQUESTOR’S INFORMATION**

**ORGANIZATION:**       **SPONSOR(S)/CONTACT(S):**

**BILLING ADDRESS (w/ City, State, Zip):**

***Billing address is required for external organizations.***

**CONTACT’S PHONE NUMBER: (**   **)**      **CONTACT’S E-MAIL ADDRESS:**

**EVENT SUPERVISOR(S):**       **SUPERVISOR’S PHONE NUMBER: (**   **)**

1. **GENERAL INFORMATION**

**NATURE/PURPOSE OF ACTIVITY:**       **ESTIMATED ATTENDANCE:**

**WILL ADMISSION BE CHARGED?  YES  NO ESTIMATED NUMBER OF PARTICIPANTS:**

**DAY(S) AND DATE(S) REQUESTED:**

**SET-UP DONE/DOORS OPEN BY:**        **A.M.  P.M. EVENT BEGINS:**        **A.M.  P.M.**  **EVENT ENDS:**        **A.M.  P.M.**

***Prior to a contract being signed, external organizations must provide a roster/list of participants (includes names/addresses/phone numbers).***

1. **FACILITIES REQUESTED**

**BASEBALL/SOFTBALL FIELDS  BOARD ROOM  COMMONS  COMPETITION GYM**

**DRESSING/SHOWER ROOMS  FIELD HOUSE No. of courts­**       **PERFORMING ARTS CENTER\***

**PRACTICE FIELDS  SOCCER FIELD-JV  SOCCER FIELD-VARSITY Lights?  YES  NO**

**STADIUM/PRESS BOX Lights?  YES  NO  TENNIS COURTS  WRESTLING GYM/ANNEX**

**OTHER:**

***FOR INTERNAL USERS ONLY***

**CLASSROOMS: Room:**       **Room:**       **Room:**       **Room:**       **Room:**       **Room:**       **WEIGHT ROOM**

1. **SPECIAL EQUIPMENT/SET-UP DETAILS**

**ACOUSTIC SHELLS #:**       **ATHLETIC P.A. SYSTEM  CHORAL RISERS #:**      

**FOLDING CHAIRS #:**       **GRAND PIANO  KITCHEN (District personnel required)**

**LECTERN w/ PORTABLE P.A.  PLATFORM RISERS #:**       **PORTABLE BLEACHERS**

**PORTABLE SOUND SYSTEM  SCOREBOARD  SMARTBOARD  TABLES #:**

**AV EQUIPMENT (please describe):**        **OTHER:**

**TECHNOLOGY NEEDS AND SET-UP:**

**SPECIALTY LIGHTING/SOUND (INCLUDING ORCHESTRA PIT USE) IN PERFORMING ARTS CENTER:**

**PLEASE SPECIFICALLY DESCRIBE THE REQUESTED SET-UP (IF NECESSARY, PLEASE ATTACH A DIAGRAM):**

1. **CONSENT TO FACILITY USE AGREEMENT**

***By making this request to use a Lemont High School District 210 facility, the applicant/requestor agrees to all terms established in the district’s Facility Use Agreement. This request is not valid until signed both by the applicant/requestor and the appropriate District 210 representative. External users will be issued a contract that includes the parameters of the request and reinforces the responsibilities both of the district and the applicant/requestor. Based on the information provided, District 210 will determine the appropriate personnel needed for custodial services and building coverage.***

***\*-Individuals requesting the Performing Arts Center must meet with the Performing Arts Center Manager to discuss the request.***

Applicant's/Requestor's Name MM/DD/YY PAC Manager's 'Signature' MM/DD/YY

**Applicant’s/Requestor’s Name/Date Performing Arts Center Manager’s Name/Date District 210 Representative’s Signature/Date  
 *(Required for PAC – only to be completed by PAC Manager)***