

**Minooka Community Consolidated School District 201**  
**Dr. Kris Monn 815-467-6121 Ext. #1 815-467-9544fax**  
**305 W. Church Street, P.O. Box 467, Minooka, IL 60447**

**Application to Use School Grounds, Building, and/or Facilities**

1. Name of Organization \_\_\_\_\_ Date \_\_\_\_\_
2. Purpose for which facilities are to be used \_\_\_\_\_
3. Name of Person in charge and responsible to the Board of Education:  
Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Date(s) being requested \_\_\_\_\_
5. Time(s) desired: From \_\_\_\_\_ To \_\_\_\_\_ Probable attendance \_\_\_\_\_
6. Building and area(s) requested: (Please list school name and specific areas desired, i.e. Elementary School Gym, or Junior High School Commons area.) \_\_\_\_\_
7. Special needs and/or arrangements of furniture and equipment \_\_\_\_\_  
\_\_\_\_\_
8. Special help needed from school staff. Examples: cafeteria help, operator of movie projector, custodians personnel \_\_\_\_\_

**Applicant must fill out fees portion as well.**

Rental Fee	\$ _____
Custodial (1 Required)	\$ _____
Food Service	\$ _____
Other	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**For Office Use Only**

Proof of insurance

Paid in full

Check # \_\_\_\_\_ Amount \_\_\_\_\_

**Proof of insurance must be presented and all fees need to be paid in full prior to using the facilities. Checks should be made payable to Minooka Community School District #201 and forwarded to the Superintendent's Office at 305 W. Church Street, P.O. Box 467, Minooka, IL 60447 PRIOR to event. The Superintendent must approve all Facility Use requests and payment must be made prior to approval.**

**AGREEMENT:** I hereby assume personal responsibility for the observance of the Board regulations by the organization or group in whose behalf I sign this agreement. I agree to hold the Minooka Community Consolidated School District #201 harmless and agree to assume responsibility for all liability arising incident to occupancy.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

APPROVED

DENIED

APPROVED

DENIED

Principal \_\_\_\_\_ Superintendent \_\_\_\_\_