

Harrison School District 36

Facility Usage Agreement

6809 McCullom Lake Road, Wonder Lake, IL 60097

All uses and fees are governed by Board Policy 8:20

APPLICATIONS NEED TO BE SUBMITTED TO THE DISTRICT OFFICE 14 DAYS PRIOR TO INTENDED DATE(S) OF USE.

Notification of Cancellation must be given at least eight days prior to the event.

NAME OF ORGANIZATION		TODAY'S DATE
HOME OR BUSINESS ADDRESS	CITY	ZIP
NAME OF AUTHORIZED AGENT (PRINT)	SIGNATURE OF AUTHORIZED AGENT	
EMAIL ADDRESS	CONTACT PHONE	
FACILITY REQUESTED: WELKE GYM _____ CAFETERIA/MPR _____ KITCHEN _____ CLASSROOM _____ CONFERENCE ROOM _____ LIBRARY (LMC) _____		
PURPOSE OF MEETING/EVENT: RECREATIONAL _____ COMMUNITY _____ EDUCATIONAL _____ OTHER _____		
DATE(S) REQUESTED:	TIME:	
NUMBER OF ATTENDEES:	SPECIAL REQUESTS:	
LIST ACTIVITIES GIVING DETAILED DESCRPTIONS AND SAFETY PRECAUTIONS TAKEN:		
ITEMS/EQUIPMENT NEEDED: <input type="checkbox"/> STAGE <input type="checkbox"/> STAGE LIGHTING <input type="checkbox"/> PROJECTOR AND SCREEN <input type="checkbox"/> MICROPHONES <input type="checkbox"/> SPEAKERS <input type="checkbox"/> KITCHEN EQUIPMENT <input type="checkbox"/> CAFETERIA TABLES TOTAL #: <input type="checkbox"/> CHAIRS TOTAL #: <input type="checkbox"/> FOLDING TABLES TOTAL #: <input type="checkbox"/> CHAIRS ON STAGE TOTAL #:		

FOR DISTRICT USE ONLY-----

Insurance Received: YES _____ NO _____ Date(s)/ Time(s) Available: Yes _____ No _____

Space Available: YES _____ NO _____

FEES: RENTAL COST \$ _____ STAFF COST \$ _____ CUSTODIAL COST \$ _____

TOTAL COST \$ _____ Approved for use: YES _____ NO _____

DISTRICT ADMINISTRATOR SIGNATURE _____ DATE _____