APPLICATION FOR USE OF SCHOOL FACILITIES OR GROUNDS

EVERGREEN PARK COMMUNITY HIGH SCHOOL
9901 S. Kedzie Avenue
Evergreen Park, IL 60805

DATE OF APPLICATION: _____

NAME OF REQUESTING ORGANIZATION: _____

If not for profit the organization must provide a copy of the tax exempt letter or similar proof

CONTACT NAME: _____

CONTACT PHONE: _____

CONTACT EMAIL: _____

DATE/S REQUESTED: _____

HOURS REQUESTED: From: _____ To: _____

PURPOSE OF RENTAL: _____

ONSITE CONTACT DURING REQUESTED DATES/TIMES: (REQUIRED)

NAME: _____

CELL PHONE #_____

SPACE REQUESTED:

- ☐ Auditorium
- ☐ Baseball Field
- ☐ Cafeteria—North Side
- ☐ Cafeteria—South Side
- ☐ Classroom/s
  Room:_____
- ☐ Concession Stand
- ☐ Large Gym
- ☐ Field Lights
- ☐ Lecture Room
- ☐ Main Athletic Field or Track
- ☐ LRC Professional Development Room
- ☐ Small Gym
- ☐ Softball Field
- ☐ Staff Lunch Room
- ☐ Ticket Booth
  Other:_____

EQUIPMENT NEEDS OR SPECIAL REQUESTS

ATTACH SET UP DIAGRAM (page 3) IF NEEDED

All non-school related groups must:

- **Abide by the conditions set forth in the Use of School Facilities and Grounds document.**
- **Complete the Consent to Termso of Facility Use/Hold Harmless Agreement**
- **Submit a certificate of insurance naming Evergreen Park Community High School D231 as additionally insured**
- **Not-for-profit groups must provide a copy of the federal 501(C)(3) tax exempt letter for the organization**
- **All groups must agree to use appropriate emergency procedures including calling 9-1-1 for medical emergencies and whenever an AED is used. 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 the Director of Facilities, at 708.398.1287 or tmasterson@evergreenpark.org to coordinate building and equipment needs.

***Activity/event will not be placed on the calendar until documents have been submitted and written approval and a fee estimate has been received from the District.**

ADMINISTRATIVE AUTHORIZATION FOR USE:

Administrator Signature Date

Certificate of insurance received: yes___ no___

INVOICE DATE: _____

AMOUNT:_____

PAYMENT RECEIVED ON: _____

TYPE: _____

CASH,CHECK,CHARGE)

APPLICATION and PROCEDURES: PAGE 3

SPECIAL REQUESTS:_____