

Classification: _____

LOCKPORT TOWNSHIP HIGH SCHOOL, DISTRICT 205
1323 East Seventh Street * Lockport, IL 60441

Received _____ Scheduled _____

District Office: 815.588.8113
Community Wellness Center: 815.588.8400

Date _____ Date _____

Application for Use/Rental of Facilities

Date of Application: _____

NAME OF ORGANIZATION: _____ Contact Person: _____

Address: _____
(Street Name and Number) (City) (State) (Zip Code)

Telephone: _____
(Daytime) (Evening) (Mobile #) (Fax #)

Email: _____

Circle day: S M T W T F S
Date(s) requested: _____
Title of program: _____
Purpose of program: _____
Size of audience: _____

Event Start Time: _____ AM PM
Event End Time: _____ AM PM
Time of arrival: _____ AM PM
Time of departure: _____ AM PM

Is this event being advertised in any way? Yes No

Do your plans include the use of food or beverages? Yes No

Must include District 205 Disclaimer. See Facility Handbook for Additional information.
If yes, a Custodian and Certified Sanitarian will be required for Events that use the kitchen.

The above listed Organization/Authorized Representative ("User") has read the Lockport Township High School District 205 Facility Handbook. Said Handbook is specifically incorporated into this application agreement and shall have the same force and effect as if it were fully set forth herein. By signing this application, the User agrees to abide by all rules specified therein, including but not limited to, the indemnification obligation in connection therewith.

As a condition of District facilities use by any organization, the organization shall indemnify, defend and hold harmless the District and, its Board, officials, agents and employees from an against any and all liability, claims, suits, demands, damages and/or judgements arising out of or relating to the organization's use of the District facilities, regardless of the type or amount of damages inclusive of any and all attorneys' fees incurred by the District in defending any such matters, and specifically including but not limited to claims by any Third-party invitees or customers of the organization.

The organization's activities at the District's facilities are not sponsored by the "District" and are not supervised by any employees of the "District."

Authorized Representative Signature: _____ Date: _____

Facilities Requested: East Central District Grounds

Specific Area(s) Requested: _____

APPROVED:

By _____, Assistant Principal Date: _____
By _____, Athletic Director Date: _____
By _____, Auditorium Manager Date: _____
By _____, CWC Director Date: _____
By _____, Director of Facilities Management Date: _____

SET-UP REQUIREMENTS: _____

Equipment Requested: _____

Do Not Write Below This Section For Office Use Only

- Yes Applicant's Signature on Estimated Charges
- Yes Check yes if Security is required for this Event
- Yes Certificate of Insurance is Collected (Application will not be processed without Certificate of Insurance)
- Yes No Is Organization Not-For-Profit? If yes, submit verification of such status before processing Application.

ESTIMATED COSTS		ACTUAL COSTS	
Space Rental	\$	Space Rental	\$
Maintenance/Custodial/Grounds	\$	Maintenance/Custodial/Grounds	\$
Security	\$	Security	\$
Setup	\$	Setup	\$
Equipment Charge	\$	Equipment Charge	\$
Auditorium Manager	\$	Auditorium Manager	\$
Auditorium Assistant	\$	Auditorium Assistant	\$
Certified Sanitarian	\$	Certified Sanitarian	\$
Air Conditioning	\$	Air Conditioning	\$
Other	\$	Other	\$
Estimated Cost	\$	Actual Cost	\$
Amount Collected	\$	Amount Collected	\$
Applicant's Signature:		Balance Due	\$