



# FACILITY USAGE APPLICATION

*Please complete the application below and attach a copy of the certificate for liability insurance.  
Return both, and direct questions, to building administrator at the facility being requested.  
Requests for Sycamore Stadium should be returned to Julie Harland at the District Offices.*

**School/facility requested:** \_\_\_\_\_ **Application date:** \_\_\_\_\_

**Program/activity:** \_\_\_\_\_

**Equipment/technology requested:** \_\_\_\_\_

**Date(s) requested: from** \_\_\_\_\_ **to** \_\_\_\_\_

**Day(s) of week: from** \_\_\_\_\_ **to** \_\_\_\_\_

**Time of day: from** \_\_\_\_\_ **to** \_\_\_\_\_

**Sponsoring organization:** \_\_\_\_\_

**Organization contact person:** \_\_\_\_\_

**Organization contact person home address:** \_\_\_\_\_

**Organization contact person work phone:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Organization contact person email address:** \_\_\_\_\_

**On-site contact person:** \_\_\_\_\_ **On-site contact person cell:** \_\_\_\_\_

**Type of organization (circle one):** Group I    Group II    **Estimated attendance:** \_\_\_\_\_

**Admission/donations charged?**    Yes ( )    No ( )    **Profit-making activity?**    Yes ( )    No ( )

**Certificate of liability insurance attached?**    Yes ( )    No ( )

I have read board of education policy # KG governing community use of school facilities. I have discussed these policies with my organization and its members. My organization understands that we must abide by district policy #KG and the Sycamore Community Schools Facility Usage Guidelines. We accept the conditions and will abide by them.

**Signature of organization contact person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<i>Below information to be completed by facility administrator.</i>						
Facility used:	Rooms/Field	Hours	Rate	Total		
_____	x	_____	x	_____	=	_____
_____	x	_____	x	_____	=	_____
	Personnel Fee	Rate	Number	Hours	Total	
_____	x	_____	x	x	_____	=
_____	x	_____	x	x	_____	=
_____	x	_____	x	x	_____	=
<b>Deposit charge:</b> _____			<b>Paid on:</b> _____			
<b>Damages:</b> _____			<b>Charges:</b> _____			
<b>Facility administrator signature:</b> _____						