WOODSTOCK COMMUNITY UNIT SCHOOL DISTRICT 200
BUILDING USE REQUEST FORM

ALL FORMS MUST BE SUBMITTED AT LEAST 10 DAYS IN ADVANCE OF USE.
PROOF OF INSURANCE MUST BE SUBMITTED PRIOR TO USE.

Name of Organization: _____ Phone: _____

Address: _____
(Address) (City) (State) (Zip)

Person responsible for supervision of activity: _____

Type and purpose of meeting: _____

Size of group: _____ Adults _____ Children _____

Building requested: _____

Dates requested: _____

_____

Hours of use requested: _____ to _____

Amount of additional time needed for set up and clean up: _____ Hours

Place a check mark for all rooms requested:

- ☐ Main Gym (practice w/o lockers)
- ☐ Main Gym (events w/o lockers)
- ☐ Aux/ Elem Gym (practice w/o lockers)
- ☐ Aux/Elem Gym (events w/o lockers)
- ☐ Fields & Grounds (w/o equipment)
- ☐ Tennis courts (w/o equipment)
- ☐ Pool Life Guards not Provided
- ☐ Classroom
- ☐ Computer Lab
- ☐ Kitchen & Culinary Ktichen
- ☐ Multi-purpose Rm w/o set up
- ☐ Multi-purpose Rm w/ set up
- ☐ Auditorium house lights and microphone
- ☐ Performing Arts Center (See separate info)
- ☐ Other

Place a check mark or enter a total for all equipment requested

- ☐ LCD Projector
- ☐ Overhead Projector
- ☐ TV
- ☐ DVD
- ☐ portable screen
- ☐ pull down screen
- ☐ Podium w/ mic
- ☐ # of Portable Mic
- ☐ Stage cleared
- ☐ Other
- ☐ Burners
- ☐ Dishwasher
- ☐ Oven
- ☐ # of tables
- ☐ # of chairs

*** Include a diagram for any special set ups ***
*** Extra charges my apply for special set ups and technology set ups***

Indemnification for AED Use. The requesting organization or party agrees to comply with all laws pertaining to AEDs during it use of the District's facilities and agrees to indemnify and hold harmless the District and its board members, agents, officers, employees, volunteers, successors and assigns from and against any and all claims, related to loss of life, personal injury, damage to property, and/or loss in connection with use of an AED during the organization/party's use of the District facilities or the organization/party's failure to comply with the District's medical emergency plan, policies or any applicable law.

Insurance. The requesting organization or party must carry combined property and bodily injury liability with limits of at least $1,000,000 with a carrier acceptable to the District, specifically insuring property and bodily injuries and the foregoing indemnification obligation and naming the District and its board members, agents, officers, employees, volunteers, successor and assigns as additional insureds.

NO ACTIVITY CAN TAKE PLACE BY ANY REQUESTING ORGANIZATION OR PARTY UNTIL THE REQUEST FORMS AND THE PROOF OF INSURANCE HAVE BEEN SUBMITTED AND APPROVED.

_____ _____
Signature of Applicant Date

TO BE COMPLETED BY
BUILDINGS AND GROUNDS DEPARTMENT

1. Group Classification ☐ A ☐ B ☐ C

2. Rental

Room	# Uses	X	Hrs	X	Fee	=	Total
			Sub Total				

3. Personnel

Staff	# Uses	X	Hrs	X	Fee	=	Total
Cafeteria							
Custodial							
Sound							
Technology							
			Sub Total				

4. Special Fees

			Sub Total				

Total Fees _____

Comments:

Office Use

Date Insurance Certificate received _____
From School:
Recommended _____ Yes _____ No

_____
Signature of Building Principal (or designee) Date

Recommended _____ Yes _____ No

_____
Signature of Athletic Director /Director of Technology/ Date
or Director of Food Service if rental affects their jurisdiction

Recommended _____ Yes _____ No

_____
Signature of Director of Buildings and Grounds Date

Recommended _____ Yes _____ No

_____
Signature of Superintendent (if required) Date

All buildings will be closed and not available for rentals on holidays.
See attached sheet for rental rates.
Buildings and Grounds 815-338-3397

09-28-11