

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: _____

Address: _____ City, State, Zip: _____

Contact Person: _____ Contact Phone: _____

Email Address: _____

Person responsible at activity & Phone: _____

Type and purpose of Meeting/Activity: _____

Size of Group: _____ Adults: _____ Children: _____ Spectators: _____

Building Requested: _____

Dates & Times Requested: _____

Additional time needed for set up and clean up: _____ Hours

Place a check mark for all rooms/locations requested:

<input type="checkbox"/> Main Gym (practice w/o lockers)	<input type="checkbox"/> Main Gym (events w/o lockers)	<input type="checkbox"/> Aux/Elem Gym (practice w/o lockers)	<input type="checkbox"/> Aux/Elem Gym (events w/o lockers)
<input type="checkbox"/> Fields & Grounds (w/o equipment)	<input type="checkbox"/> Tennis Courts (w/o equipment)	<input type="checkbox"/> Pool (lifeguards not provided)	<input type="checkbox"/> Classroom
<input type="checkbox"/> Computer Lab	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Culinary Kitchen (WNHS)	<input type="checkbox"/> Cafeteria/Multi-Purpose Room (without set up)
<input type="checkbox"/> Auditorium (with house lights and microphone)	<input type="checkbox"/> Other: _____		* (PAC) Performing Arts Center at WNHS - see separate info

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

<input type="checkbox"/> LCD Projector	<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> TV	<input type="checkbox"/> DVD
<input type="checkbox"/> Portable Screen	<input type="checkbox"/> Pull Down Screen	<input type="checkbox"/> Podium w/ mic	<input type="checkbox"/> Portable Mic # _____
<input type="checkbox"/> Stage cleared	<input type="checkbox"/> Burners	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Oven
<input type="checkbox"/> Tables Number of _____	<input type="checkbox"/> Chairs # of _____	<input type="checkbox"/> Other	

*** Include diagram of any special set ups. *** Extra charges may apply for special set ups and/or technology set ups.

Indemnification for AED Use. The requesting organization or party agrees to comply with all laws pertaining to AEDs during its 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: _____

Office Use

Building Principal or designee approval signature: _____	Date: _____
Athletic Director/Director of Technology/ Food Service Approval signature: _____	Date: _____
Director of Buildings and Grounds approval signature: _____	Date: _____
Superintendent approval signature (if required): _____	Date: _____