



**INDOOR FACILITY USAGE REQUEST FORM  
LINCOLN-WAY NORTH  
FIELDHOUSE & GYMNASIUM**

Date: \_\_\_\_\_ Group/Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Address: \_\_\_\_\_

<b>Tuesday</b>
_____
_____
_____
_____
<i>Enter Dates Requested</i>

<b>Thursday</b>
_____
_____
_____
_____
<i>Enter Dates Requested</i>

Time – *Circle One*:            6:45 p.m.                            7:00 p.m.                            7:15 p.m.

**COVID-19 Compliance Person(s):**

Name	Phone	Meeting Date
_____	_____	_____
Name	Phone	Meeting Date
_____	_____	_____
Name	Phone	Meeting Date
_____	_____	_____

The following **must** accompany this application:

- Community Group Minimum Guidelines form, signed by group leader.
- Two separate certificates of insurance, one naming FSPD and one naming Lincoln-Way High School District 210 as certificate holders. **The FSPD certificate must include the following additional insureds language:**  
**“The Frankfort Square Park District, its officers, agents and employees are to be named as additional insureds under the General Liability coverage.”**
- Check made payable to the Frankfort Square Park District - \$20 per each date requested.

***This application will not be accepted without ALL of the above required items. Please return to the Frankfort Square Park District drop box, located at the Community Center entryway, 7540 W. Braemar Lane, Frankfort, IL 60423, or via email at info@fspd.org.***

I have read and completed the application and the Community Group Minimum Guidelines form. I understand that any misrepresentation or falsification of this application, not using approved space, or not following Park District rules will be grounds for a denial or immediate revocation of facility usage. The undersigned accepts full responsibility for the conduct of the group while on Lincoln-Way North High School property and agrees to indemnify and hold harmless Lincoln-Way High School District 210 and the Frankfort Square Park District, its officers, officials, employees, volunteers, trustees, and agents from any responsibility for any accident, injury, or damage that might occur as a result of the participants acts or omissions.

PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_