



There will be fees associated for using staffed space, L-Way North, Mary Drew, and Park District Facilities such as the Community Center or Champions Park Concession Stand that will require cleaning after an event/usage.

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

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

Contact Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Street Address: \_\_\_\_\_

Requested Date(s): \_\_\_\_\_

Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

<p>Requested Space: <i>(Please circle)</i></p> <p><i>Each space requested requires its own facility usage form.</i></p>	<p><b>Champions Park Concession Stand</b></p> <p>Two Hour Block \$10.00 20 People Max</p>	<p><b>FSPD Board Room</b></p> <p>Two Hour Block \$10.00 12 People Max</p>
	<p><b>FSPD Community Room</b></p> <p>Two Hour Rental \$10.00 50 People Max</p>	<p><b>Mary Drew Gym</b></p> <p>Two Hour Rental \$25.00 50 People Max</p>
	<p><b>L-Way North Balcony #1</b></p> <p>Two Hour Block \$25.00 50 People Max</p>	<p><b>L-Way North Balcony #2</b></p> <p>Two Hour Rental \$25.00 50 People Max</p>
	<p><b>L-Way North Classroom</b></p> <p>Two Hour Rental \$25.00 15 People Max</p>	<p><b>L-Way North Dance Studio</b></p> <p>Two Hour Block \$25.00 48 People Max</p>
	<p><b>L-Way North Field House #1</b></p> <p>Two Hour Block \$25.00 50 People Max</p>	<p><b>L-Way North Field House #2</b></p> <p>Two Hour Rental \$25.00 50 People Max</p>
	<p><b>L-Way North Main Gym</b></p> <p>Two Hour Rental \$25.00 50 People Max</p>	<p><b>L-Way North Stadium</b></p> <p>Considered on an individual basis 50 People Max</p>

**Covid-19 Compliance Person:**

- \* Designate an individual to be on-site monitoring compliance with guidelines and available by phone for questions.
- \* If there are multiple meeting dates, please include compliance individual and contact number for each date.
- \* Maintain an attendance log.
- \* Immediately contact the Park District if one of your attendees tests positive for COVID-19.
- \* Covid-19 Compliance Person should not be the coach or group leader.

_____	_____	_____
Name	Phone	Meeting Date
_____	_____	_____
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.
- ★ Complete team roster (name, address, phone, elementary school district, current school school attended, subdivision in which they reside) for all players.
- ★ A certificate of insurance naming the FSPD as certificate holder is required for all usage. Use of L-Way North facilities must also include a certificate of insurance naming Lincoln-Way Community High School District 210 as a certificate holder.  
**The FSPD certificate must include the following additional insured's language:**  
**"The Frankfort Square Park District, its officers, agents, and employees are to be named as additional insureds under the General Liability coverage".**
- ★ Compliance with criminal background check on head coach.
- ★ A copy of coach's current CPR/AED certification.
- ★ A list of requested dates, with each date designated as practice or game.

*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 Frankfort Square and/or 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, it's officers, officials, employees, volunteers, trustees, and agents from any responsibility for any accidents, injury, or damage that might occur as a result of the participants acts or omissions.

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

**For Office Use Only**

Date	Contract	Confirmation	Employee Initials