



There will be fees associated for using staffed space at L-Way North, and Mary Drew, that will require cleaning after an event/usage.

ALL ATHLETIC PRACTICE OR GAME FACILITY USAGE FORM REQUESTS AND PROPER PAPERWORK MUST BE ATTACHED AT LEAST 14 DAYS IN ADVANCE OF THE DATE(S) REQUESTING FOR CONSIDERATION.

Date of Application: _____ Group/Organization Name: _____

Contact name: _____ Email: _____

Contact cell phone: _____

Street Address: _____

Requested Date(s): (Please mark if this is a game or practice.)

Starting Time: _____ Ending Time: _____

Please circle requested space below. Each space requested requires its own facility usage form.

L-Way North Balcony #1 Two hours minimum \$25.00 50 people max	L-Way North Balcony #2 Two hours minimum \$25.00 50 people max
L-Way North Classroom Two hours minimum \$25.00 15 people max	L-Way North Dance Studio Two hours minimum \$25.00 48 people max
L-Way North Field House #1 Two hours minimum \$25.00 50 people max	L-Way North Field House #2 Two hours minimum \$25.00 50 people max
L-Way North Main Gym Two hours minimum \$25.00 50 people max	Mary Drew Gym Two hours minimum \$25.00 50 people max

For Mary Drew requests email: eobrien@fspd.org

For Lincoln Way North requests email: jkeenan@fspd.org

***Priority will be based on residency, with maximum for resident consideration at 50%.**

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

(If it is the same person for all meeting dates, mark "all" under 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 attended, subdivision in which they reside) for all players.
- Two separate certificates of insurance, one naming FSPD and one naming Lincoln-Way High School District 210 as certificate holders. (Applies to usage of L-Way North Facilities only.)
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 insured's under the General Liability coverage."
- Copy of successful completion of criminal background check on head coach.
- A copy of the 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.

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Billing will be put on your household and can be paid at the Park District office or by calling the Park District office at 815-469-3524.

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, its officers, officials, employees, volunteers, trustees, and agents from any responsibility for any accidents, injury, or damage that might occur as a result of participants acts or omissions.

PRINTED NAME _____ SIGNATURE _____

For office use only

Date billed: _____

Dates billed for:

Completed by: (Initial) _____