



There will be fees associated for using staffed space at Park District Facilities such as the Community Center or Champions Park Concession Stand that will require cleaning after an event/usage.

ALL INDOOR FACILITY USAGE REQUESTS AND PROPER PAPERWORK MUST BE ATTACHED AT LEAST 7 DAYS IN ADVANCE OF THE DATE(S) REQUESTING FOR CONSIDERATION.

Date of Application: _____ Group/Organization Name: _____

Meeting purpose: _____ Head Count: _____

Any maintenance requests needed? Please specify the number of tables, chairs, or garbage cans requested. _____

Contact name: _____ Email: _____

Contact cell phone: _____

Street Address: _____

Requested Date(s): _____

Additional dates adding on. *All paperwork must be up to date in order to add on additional dates if the facility or time is not changing. _____

Starting Time: _____ Ending Time: _____

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

Champions Park Meeting Room Two hours minimum \$10.00 20 people max	FSPD Board Room Two hours minimum \$10.00 12 people max
FSPD Community Room Two hours minimum \$10.00 50 people max	FSPD Nature Center Two hours minimum \$10.00 15 people max
Union Creek Front (8 picnic tables/2 garbage cans) Two hours minimum \$10.00 32 people max	Union Creek Back (14 picnic tables/4 garbage cans) Two hours minimum \$10.00 56 people max

***Priority will be based on residency, with minimum of 50% FSPD residents.**

For the above 6 requests please email: njerik@fspd.org

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.

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.

For Champions, Community Room, Nature Center, Board Room, and Union Creek Front or Back email: njerik@fspd.org.

You can pay upon stopping into the office or have it put onto your account to pay at a later date.

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 approved: _____

Certificate of insurance expiration: _____

CPR/AED expiration: _____

Dates billed for:

Additional dates billed for:

