



Indoor Facility Usage Form

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 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 Phone: (Home) _____ (Cell) _____

Street Address: _____

Requested Date(s): _____

Starting Time: _____ Ending Time: _____

<p>Requested Space(s): <i>(Please circle)</i></p> <p><i>Each space requested requires its own facility usage form.</i></p>	<p>L-Way North Main Gym</p>	<p>Mary Drew Gym</p>
	<p>\$30/hour per FSPD/L-Way 210 Resident Team \$50/hour per Non-Resident Team</p>	<p>\$30/hour per FSPD/L-Way 210 Resident Team \$50/hour per Non-Resident Team</p>
	<p>L-Way North Field House Half #1</p>	<p>L-Way North Field House Half #2</p>
	<p>\$30/hour per FSPD/L-Way 210 Resident Team \$50/hour per Non-Resident Team</p>	<p>\$30/hour per FSPD/L-Way 210 Resident Team \$50/hour per Non-Resident Team</p>
	<p>L-Way North Balcony #1</p>	<p>L-Way North Balcony #2</p>
	<p>\$30/hour per FSPD/L-Way 210 Resident Team \$50/hour per Non-Resident Team</p>	<p>\$30/hour per FSPD/L-Way 210 Resident Team \$50/hour per Non-Resident Team</p>
<p>L-Way North Wrestling Room</p>	<p>L-Way North Dance Studio</p>	
<p>\$30/hour per FSPD/L-Way 210 Resident Team \$50/hour per Non-Resident Team</p>	<p>\$30/hour per FSPD/L-Way 210 Resident Team \$50/hour per Non-Resident Team</p>	
<p>* Priority will be based on residency, with minimum for resident consideration at 50%</p>		

* Facility availability is dependent upon Park District programs and events. We cannot confirm availability or finalize

rentals, particularly for gymnasiums, and regularly programmed sites, until Park District schedules are finalized.

*** Renters must submit a application for use accompanied with all items listed below at least two weeks (10 business days) prior to the date of their event.**

*** Billing of times and hours cannot be changed or refunded once this form is submitted. Once a time is reserved this restricts other teams from renting.**

The following must accompany this application:



Complete team roster (name, address, phone, elementary/high school district) for all players.
A certificate of insurance naming the FSPD as certificate holder is required for all usage.

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".



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.

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 jkeenan@fspd.org or jhein@fspd.org

Please contact John Keenan (Superintendent of Recreation) or Julie Hein (Assistant Office Manager) at 815-469-3524 if you have any questions about indoor facility rentals.

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 billed: _____

Dates Billed for: _____

Completed by: (Initial) _____

