

**APPLICATION FOR FACILITY USE FORM**

Channahon School District 17

24920 S. Sage Street

Channahon, IL 60410

Telephone: 815-467-4315 Fax: 815-467-4343

**This application must be received by the school or district office at least one week prior to the event. Fees must be paid in advance to the District office at 24920 Sage Street. A Certificate of Liability Insurance is required and must be submitted with the application. Channahon School District 17 must be named as an additional insured with minimum coverage of \$1,000,000 on the insurance certificates provided.**

1. **Name of Organization** \_\_\_\_\_ **Date** \_\_\_\_\_

Type of Organization:  In-District Non-Profit  In-District Profit  Out of District

Representative \_\_\_\_\_ Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

2. **Requested Facility:**

- Pioneer Path Gymnasium  Pioneer Path Multipurpose Room  Pioneer Path \_\_\_\_\_
- N. B. Galloway Gymnasium  N. B. Galloway \_\_\_\_\_
- Three Rivers School Gymnasium  Three Rivers School \_\_\_\_\_
- Channahon Junior High School Gymnasium  Channahon Junior High School Multipurpose Room
- Other \_\_\_\_\_

To request space at Heritage Crossing Field House, you must fill out Heritage Crossing Field House Facility Use Form.

3. **Number of People Expected** \_\_\_\_\_

**Purpose of Use:** \_\_\_\_\_

4. <b>Date and time of use:</b>	Month/Date/Year	Time In	Time Out	Time of Event
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

5. **Will food be served at this event?**  Yes  No If yes, explain

**Using District food service equipment?**  Yes  No If yes, explain

If yes, may require proof of food service handler certificate or may require additional charge if district provides required personnel.

6. **Special needs and/or arrangements**

**AGREEMENT: I hereby assume personal responsibility for the observance of the regulations governing the use of school property. I agree to hold Channahon School District 17 harmless and agree to assume total responsibility for all liability arising incident to occupancy. I have read and understand the regulations on the attached sheet.**

**Signature of Organization Representative**

\_\_\_\_\_

**OFFICE USE ONLY**

Date received \_\_\_\_\_ District Approval:  Yes  No Administrator Signature

Date of notification of approval/denial of request \_\_\_\_\_

Receipt of Certificate of Insurance:  Yes  No

Payment Received:  Yes  No Amount: \_\_\_\_\_

Copy to:  Organization  Administrative Office  School Office  Custodian

Revised 9/2007