BLOOMINGDALE SCHOOL DISTRICT 13
Application/Contract for Use of District Facilities

PLEASE PRINT

Organization Requesting Use of Facilities

<table>
<thead>
<tr>
<th>Authorized Representative</th>
<th>Representative’s Title</th>
</tr>
</thead>
</table>

Mailing Address

<table>
<thead>
<tr>
<th>City/State/Zip</th>
</tr>
</thead>
</table>

Email Address

<table>
<thead>
<tr>
<th>Business Phone</th>
</tr>
</thead>
</table>

Event Supervisor

<table>
<thead>
<tr>
<th>Cell Phone</th>
<th>Home/Business Phone</th>
</tr>
</thead>
</table>

Insurance Company _________________________________________ Policy Period ______________
(Attach Certificate of Insurance naming Bloomingdale School District 13 as the Additional Insured)

Facility Requested _______________ Area(s) Requested ___________________________________

Date(s) Requested _____________________________________________________________________

_____________________________________________________________________________________

Time of event: Open Time____________    Start Time___________      End Time________________
(we will add prep/cleanup time)

Expected Attendance____________Age group __________ No. of Adult Supervisors _______________

Special arrangements or custodial setup requested

_____________________________________________________________________________________

The above listed Organization/Authorized Representative and Event Supervisor have read the
Bloomingdale School District 13 Use of Facilities Handbook and, by signing this application, agree to
abide by all rules and regulations specified within. In addition, I/we do hereby stipulate and agree to
indemnify and hold harmless School District 13, in whole or in part, with respect to any claims and
expenses incurred by reason of any claims, for personal injury or property damage arising in connection
with the use by such organization of the facilities of said School District 13, and shall, if required by the
Board of Education of said School District, obtain public liability insurance.

Authorized Representative Signature ___________________________ Date __________
EQUIPMENT AND SETUP REQUEST

Name of Organization ___________________________________________

Date and Time of Event ___________________________________________

Facility Requested _____________________________________________

Room(s) Requested _____________________________________________

Open Time ______________    End Time ______________________________

Is a setup required?*     Yes_____     No_____  

* If setup is required Group 2, 3, and 4 organizations will be charged according to the chart on Attachment B for custodians to setup and takedown furniture and equipment. Insurance limitations restrict organizations from performing setup and takedown on their own.

Equipment Needed: (check all that apply)

Podium _____    PA System _____    Projector _____    A/V Screen _____

Table in Lobby Area _____

Gymnasium Seating Capacities

<table>
<thead>
<tr>
<th></th>
<th>Erickson</th>
<th>DuJardin</th>
<th>Westfield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seating w/tables</td>
<td>200</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>Seating Only</td>
<td>250</td>
<td>200</td>
<td>300</td>
</tr>
<tr>
<td>Bleachers</td>
<td></td>
<td></td>
<td>250</td>
</tr>
<tr>
<td>Commons</td>
<td></td>
<td></td>
<td>150</td>
</tr>
<tr>
<td>Commons w/tables</td>
<td></td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

Please provide a diagram of your setup request. Draw a rectangle for tables and use an X for chairs. (You may use the opposite side of this form for set up diagram)

PLEASE - NO FOOD OR DRINK ALLOWED IN CLASSROOMS