

HILLSBORO COMMUNITY UNIT SCHOOL DISTRICT #3

1311 Vandalia Road
Hillsboro, Illinois 62049

REQUEST FOR USE OF FACILITIES AND/OR EQUIPMENT

1. Name of Organization _____
2. Date Requested _____ Alternate Date _____
3. Facility Requested _____
4. Purpose of Use (be specific) _____

5. Anticipated Size of Audience _____

6. Time of Arrival _____ Time of Departure _____

7. Additional Equipment Requested:* (To be approved by Building Principal)

- | | | |
|--|--|--|
| <input type="checkbox"/> P.A. System | <input type="checkbox"/> Scoreboard | <input type="checkbox"/> Parking Lot Attendant |
| <input type="checkbox"/> Microphone(s) _____ | <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Speaker's Stand |
| <input type="checkbox"/> Projection Screen _____ | <input type="checkbox"/> LCD Projector | <input type="checkbox"/> Laptop Computer |
| <input type="checkbox"/> Chairs (type) _____ | <input type="checkbox"/> Tables (type) _____ | <input type="checkbox"/> Slide Projector |
| How Many? _____ | How Many? _____ | <input type="checkbox"/> Tape Recorder |
| <input type="checkbox"/> Flag | <input type="checkbox"/> Other Equipment _____ | |

*Damaged equipment must be repaired or replaced.

8. Is renting organization or individual charging an admission, fee, or requesting a donation to the activity?
Yes _____ No _____ If so, please explain the purpose of the admission charge, fee, or donation.

9. Is your organization catering to the interests of the general public? Yes _____ No _____ If the organization's activity attracts general public attendance, the renting group shall furnish the school district with proof of adequate liability coverage.

10. A custodian must be present for any event and shall be paid by the group using the facility, at the regular rate, or overtime rate if applicable. Should cleaning or re-arrangement of facility be necessary, a fee shall be charged accordingly.

I, _____, have read the policy and application and shall accept complete responsibility for the conduct and protection of the facility requested for rental. In the event that the health and safety of the rental group is in jeopardy or the facilities are being abused, I shall contact the building principal or his designee promptly.

Signed: _____

Address: _____

Date: _____ Phone: _____

Approval _____ Disapproval _____ Date _____ Principal: _____

Approval _____ Disapproval _____ Date _____ Unit Superintendent: _____

Remarks: _____
