

**REQUEST FOR USE OF THE FACILITIES OF  
ELMWOOD PARK SCHOOL DISTRICT 401  
8201 West Fullerton Avenue  
Elmwood Park, IL 60707**

**DATE OF APPLICATION** \_\_\_\_\_

**Route for Acknowledgement  
(For Office Use Only)**

**Check one:** \_\_\_\_\_ Elm Middle School (708) 452-3550 Initial \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Elmwood School (708) 452-3558 \_\_\_\_\_ Facilities Mgr \_\_\_\_\_  
 \_\_\_\_\_ John Mills School (708) 452-3560 \_\_\_\_\_ Athletic Director \_\_\_\_\_  
 \_\_\_\_\_ E.P. High School (708) 452-7272 \_\_\_\_\_ Principal \_\_\_\_\_  
 \_\_\_\_\_ Early Childhood Ctr. (708) 583-5860

**Facilities Requested (Applicant to check)**

_____ LGI	_____ Tennis Court	Classroom(s)
_____ Auditorium	_____ Stadium	# _____ # _____ # _____
_____ Main Gym	_____ Sand Volleyball Court	
_____ East Gym	_____ Other	Baseball/Softball Fields
_____ South Gym	Soccer Fields	(Circle #) #1 #2 #3 #4 #5
_____ Cafeteria	(Circle #) #1 #2 #3	

**NAME OF ORGANIZATION**

**NAME OF APPLICANT**

**A.** \_\_\_\_\_  
**NUMBER AND ADDRESS OF ORGANIZATION** **CITY OR VILLAGE OF ORGANIZATION** **PHONE NUMBER**

**B.** \_\_\_\_\_  
**NATURE OF ACTIVITY (Describe in detail)** **Email Address**

**C.** \_\_\_\_\_

**D. DATES OF ACTIVITY (If recurring, give every date during year)**

September	December	March	June
October	January	April	July
November	February	May	August

**E.** **TIME:** From \_\_\_\_\_ a.m./p.m. To \_\_\_\_\_ a.m./p.m.  
*In order to accommodate all requests for facility usage and to avoid any conflicts, please abide by the timeline you have submitted.  
 Prior approval must be given to change the time frame. There will be an extra charge for any extra time requested.*

**F. EQUIPMENT REQUESTED (Check equipment needed)**

\_\_\_\_\_ Public Address System \_\_\_\_\_ Risers \_\_\_\_\_ Tables \_\_\_\_\_ Kitchen \_\_\_\_\_ Scoreboard \_\_\_\_\_ Piano  
 (specify no.)

\_\_\_\_\_ Projector \_\_\_\_\_ Overhead \_\_\_\_\_ Chairs \_\_\_\_\_ Ticket Booth \_\_\_\_\_ Main Gym Bleachers  
 (specify no.)

**G. SPECIFY ADDITIONAL DETAILS INCLUDING PERSONNEL AND EQUIPMENT NEEDED:**

**H. NUMBER OF PERSONS EXPECTED** **ADMISSION PRICE(S)**

**I. I hereby assume responsibility for any damage incurred in the use of the above requested facilities and equipment.**

\_\_\_\_\_ **Signature of Applicant** **NO INVOICE WILL BE SENT.**  
**FACILITIES POINT OF CONTACT:** Joseph Sierra at 708-670-1031 **Use of facilities must be paid for no later than 10 days following activity.**  
*Applicants: Do not write below this line*

Class: I II III \_\_\_\_\_ Security Needed \_\_\_\_\_ Certificate of Insurance \_\_\_\_\_ Hold Harmless Agreement \_\_\_\_\_

Permit \_\_\_\_\_ Facility/Energy Fee \_\_\_\_\_ Custodial Fee \_\_\_\_\_ Security Fee \_\_\_\_\_ Total Fees \_\_\_\_\_

\_\_\_\_\_  
 Facilities Manager

\_\_\_\_\_  
 Date