



Community Unit School District #304
 Contract for Buildings and Grounds Use
 (Process for Contract Completion)

Date

1. Review and Complete this Application (Print, Sign and Date "Representative of User")
2. Submit to building principal, dean or athletic director for calendar clearance and approval of type of use requested
3. Principal will submit completed form to Facilities Office for insurance certificate review, CPR/AED review, estimated billing and signature
4. Facilities Office will send user executed contract and invoice contract user for final amount after activity is complete
5. **Copy of this contract must be available for review by District personnel during use.**

* **Required Fields** (This Section Completed by Lessee)

| | | | |
|--|---|---|---|
| *Organization Name | <input style="width:95%;" type="text"/> | | |
| *Billing Address | <input style="width:95%;" type="text"/> | | |
| *City | <input style="width:45%;" type="text"/> | *State | <input style="width:10%;" type="text"/> |
| | | *Zip Code | <input style="width:15%;" type="text"/> |
| *Contract Representative Name | <input style="width:40%;" type="text"/> | *Phone Number | <input style="width:20%;" type="text"/> |
| *E-mail | <input style="width:95%;" type="text"/> | | |
| *Nature & Purpose of Activity | <input style="width:95%;" type="text"/> | | |
| Estimated Attendance? | <input style="width:15%;" type="text"/> | Fund-Raising Activity? | <input style="width:15%;" type="text"/> |
| | | Admission Charged? | <input style="width:15%;" type="text"/> |
| *CPR/AED Representative | <input style="width:30%;" type="text"/> | *CPR/AED Representative Expiration Date | <input style="width:20%;" type="text"/> |
| *Facility Name | <input style="width:95%;" type="text"/> | | |
| *Dates of Use (Already Approved by Building Personnel) | <input style="width:40%;" type="text"/> | | *Time In/Time Out <input style="width:20%;" type="text"/> |
| <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday (Start time cannot be prior to noon on Sunday) | | | |

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| <p>*Area(s) Requested</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Gym - HS Contest</td> <td><input type="checkbox"/> Gym-MS North-Blue</td> <td><input type="checkbox"/> Stage (MS or Elem)</td> </tr> <tr> <td><input type="checkbox"/> Gym - HS Olson</td> <td><input type="checkbox"/> Gym-MS North-White</td> <td><input type="checkbox"/> Cafeteria</td> </tr> <tr> <td><input type="checkbox"/> Burgess Football Field</td> <td><input type="checkbox"/> Gym-MS South-Contest</td> <td><input type="checkbox"/> Kitchen (Sodexo Rep)</td> </tr> <tr> <td><input type="checkbox"/> Burgess Field Track</td> <td><input type="checkbox"/> Gym-MS South-Middle</td> <td><input type="checkbox"/> Locker Rooms</td> </tr> <tr> <td><input type="checkbox"/> GHS Baseball Field(s)</td> <td><input type="checkbox"/> Gym-MS South-West</td> <td><input type="checkbox"/> Restrooms</td> </tr> <tr> <td><input type="checkbox"/> Auditorium (HS only)</td> <td><input type="checkbox"/> Gym-Elementary</td> <td><input type="checkbox"/> Library</td> </tr> <tr> <td><input type="checkbox"/> Classroom (HS only)</td> <td><input type="checkbox"/> Athletic Field (MS or Elem)</td> <td><input type="checkbox"/> Parking Lot</td> </tr> </table> | <input type="checkbox"/> Gym - HS Contest | <input type="checkbox"/> Gym-MS North-Blue | <input type="checkbox"/> Stage (MS or Elem) | <input type="checkbox"/> Gym - HS Olson | <input type="checkbox"/> Gym-MS North-White | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Burgess Football Field | <input type="checkbox"/> Gym-MS South-Contest | <input type="checkbox"/> Kitchen (Sodexo Rep) | <input type="checkbox"/> Burgess Field Track | <input type="checkbox"/> Gym-MS South-Middle | <input type="checkbox"/> Locker Rooms | <input type="checkbox"/> GHS Baseball Field(s) | <input type="checkbox"/> Gym-MS South-West | <input type="checkbox"/> Restrooms | <input type="checkbox"/> Auditorium (HS only) | <input type="checkbox"/> Gym-Elementary | <input type="checkbox"/> Library | <input type="checkbox"/> Classroom (HS only) | <input type="checkbox"/> Athletic Field (MS or Elem) | <input type="checkbox"/> Parking Lot | <p>*Equipment Requested</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Podium</td> <td><input type="checkbox"/> American Flag</td> </tr> <tr> <td><input type="checkbox"/> Microphone</td> <td><input type="checkbox"/> DVD Player</td> </tr> <tr> <td><input type="checkbox"/> Projector and Screen</td> <td><input type="checkbox"/> Scoreboard- HS or MS</td> </tr> <tr> <td><input type="checkbox"/> Chairs Number Needed <input style="width:10%;" type="text"/></td> <td><input type="checkbox"/> Press Box-Burgess (HS only)</td> </tr> <tr> <td><input type="checkbox"/> Tables Number Needed <input style="width:10%;" type="text"/></td> <td><input type="checkbox"/> Lights-Burgess (HS only)</td> </tr> <tr> <td><input type="checkbox"/> Auditorium Manager -Required with Auditorium Rental</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other: Specify <input style="width:40%;" type="text"/></td> <td></td> </tr> </table> | <input type="checkbox"/> Podium | <input type="checkbox"/> American Flag | <input type="checkbox"/> Microphone | <input type="checkbox"/> DVD Player | <input type="checkbox"/> Projector and Screen | <input type="checkbox"/> Scoreboard- HS or MS | <input type="checkbox"/> Chairs Number Needed <input style="width:10%;" type="text"/> | <input type="checkbox"/> Press Box-Burgess (HS only) | <input type="checkbox"/> Tables Number Needed <input style="width:10%;" type="text"/> | <input type="checkbox"/> Lights-Burgess (HS only) | <input type="checkbox"/> Auditorium Manager -Required with Auditorium Rental | | <input type="checkbox"/> Other: Specify <input style="width:40%;" type="text"/> | |
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*\$1,000,000 Combined Single Limit, Broad Form, General Liability Certificate in which Geneva Community Unit School District #304 is named as additional insured.

Certificate must be submitted along with this application/contract. (Form 1410D) Certificate of Liability & Indemnity Insurance on File: _____

*The organization shall provide an individual certified in the use of CPR/AED equipment to be on site at all times during the use of District facilities. Organizations that are otherwise unable to provide a CPR/AED-certified individual will be obligated to hire a CPR/AED-certified representative to be on site during the use of District facilities. Organizations using outside facilities (i.e baseball fields, track, athletic fields) must provide maintenance records of a portable AED device or check out a portable AED device with the District Facility Office. \$500 deposit is required upon device check out and is refundable if unit is returned in good condition. **Proof of CPR/AED certification is to be submitted along with application/contract.**

*As a condition of District facilities use by community organizations, the organization shall indemnify and hold harmless the District, its agents and employees from and against any and all losses, costs, including attorney's fees, damages, expense and liability including statutory liability and liability under workers' compensation laws in connection with claims for damages as result of injury or death of any person or property damage to any property which arises from or in any manner grow out of the use of District facilities by the organization, its partners, members, agents, employees, customers, invitees, contractors and subcontractors. The School Board requires that the organization verify that it maintains adequate insurance coverage against personal injury and/or property loss. School District #304 does not maintain medical coverage for facility uses.

*The organization requesting rental or use shall be held responsible and agrees to reimburse the Board of Education for any breakage or damage occurring during the use of the building except as recoverable by insurance of the User. A full report of damage must be made in writing by the responsible person representing the group reserving the facilities within one day after the damage occurred. Such report must be made to one of the following persons: the principal of the school concerned or the office of the Director of Facilities. Any damage not reported will be brought to the attention of the renter as soon as it is discovered and restitution will be required for the damages.

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| For Facility Office Use Only | BILLING BASED ON ORGANIZATION CATEGORY TYPE AND FACILITY RENTED |
| Organization's Category Type | 1 2 3 4 |
| Facility Charge: | _____ |
| Groundsmen/Custodial Fee: | "Category 1" - No Chg "Category 2-4" When assigned Mon-Sat \$27/hr. (Sat has 2 hr. minimum) Sun \$36/hr. (2 hr. minimum) |
| Contract Processing Fee: | \$10 for each contract |
| Additional Notes: | _____ |

Signature and Date of Authorized Representative of User

Signature and Date of Schedule/Purpose/ Approved by Building Principal/AD

Signature and Date of Final Billing Provided by Director of Facilities