

## Wood Dale School District #7

### Application for Use of School Facilities

School Building Requested \_\_\_\_\_ Date of Application \_\_\_\_\_  
 Organization Name \_\_\_\_\_ Your Name \_\_\_\_\_  
 Date(s) Requested \_\_\_\_\_ Time Requested \_\_\_\_\_  
 Purpose of Rental \_\_\_\_\_

**What type of facility is needed:**

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Auditorium         | <input type="checkbox"/> Gymnasium        | <input type="checkbox"/> Classroom   |
| <input type="checkbox"/> Multi-Purpose Room | <input type="checkbox"/> Teachers' Lounge | <input type="checkbox"/> Other _____ |
- Please indicate if any of the following will be needed:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Ordinary House Lights | <input type="checkbox"/> Bean Floods    | <input type="checkbox"/> Movie Projector Screen |
| <input type="checkbox"/> Microphones           | <input type="checkbox"/> Lectern        | <input type="checkbox"/> Band Risers            |
| <input type="checkbox"/> Choral Risers         | <input type="checkbox"/> Spotlights     | <input type="checkbox"/> Piano                  |
| <input type="checkbox"/> Projector & Operator  | <input type="checkbox"/> Dressing Rooms | <input type="checkbox"/> Internet Access        |
| <input type="checkbox"/> Other _____           |   |   |

#### INSURANCE REQUIREMENT FOR OUTSIDE USE OF FACILITIES

Your organization is required to furnish a certificate of insurance listing the Board of Education, Wood Dale School District #7, Wood Dale, IL as an additional insured. The certificate must state that the coverage afforded shall not be cancelled or materially changed unless 10 days written notice is sent to the certificate holder prior to the cancellation or change. The certificate should provide the following minimum coverages:

##### COMPREHENSIVE GENERAL LIABILITY OCCURRENCE FORM

1,000,000	Gen. Aggregate
1,000,000	Personal & Adv. Injury
1,000,000	Each Occurrence
50,000	Fire Damage
5,000	Medical Expense

It is understood and agreed that the undersigned, as an official representative of this group, will be entirely responsible for the proper care of the school building and equipment. Furthermore, the undersigned agrees that the renting organization will comply with all rules and regulations of the Board of Education of Wood Dale School District #7. ***NO SMOKING ANYWHERE ON ANY CAMPUS.***

We, the undersigned, have read and agree to all conditions and charges of Board policies of the Wood Dale School District Board of Education. We agree to pay for repair or replacement of any unwarranted damage to the building or equipment in addition to the fees listed.

Printed Applicant Name \_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Organization Name and Your Title \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**Fee Schedule:**

- A. All fees will be waived for any District #7 affiliated group or club.
- B. Rental fees may be adjusted for the following groups: Wood Dale Park District, Wood Dale Library, City of Wood Dale, Wood Dale Fire Protection District. Actual costs will be charged (i.e., custodial, supervision, supplies).
- C. Rental fees will be charged to all other groups according to the fee schedule below or by written contract. In addition, actual district costs will be charged (i.e., custodial, supervision, supplies).
- D. All usage is subject to availability and Administration approval.

Facility	Non-Profit Organizations Within District #7	Profit Making Organizations Within District #7	Out of District Organizations	Out of District Organizations
Center For The Arts	Performance/Rehearsal No Charge	Stage Performance \$750	Stage Performance \$1100	Rehearsal \$150
Center For The Arts	No charge	Business Meeting \$350	General Meeting \$500	
Gymnasium	No Charge	\$200	\$500	
Multipurpose Room	No Charge	\$200	\$400	
Classrooms	No Charge	\$30	\$50	
Teachers' Lounge	No Charge	\$30	\$50	
Other	No Charge	Per Arrangement	Per Arrangement	

Date \_\_\_\_\_ Approved by \_\_\_\_\_ Superintendent \_\_\_\_\_ Amount \_\_\_\_\_  
 Building Notified \_\_\_\_\_ Organization Notified \_\_\_\_\_ Invoice Sent \_\_\_\_\_  
 Payment Received \_\_\_\_\_ (Facility Usage.doc)