FENTON COMMUNITY HIGH SCHOOL DISTRICT 100 APPLICATION FOR USE OF SCHOOL FACILITIES

Organization Name					Application Dat	Application Date	
0	. ·- -				, pp. cato. Date		
Your Name					Date Requested		
Purpose of Req	uest				Time Requested		
				TER CATEGORY			
Choose one	(Please r	note that <u>C</u>	<u>INLY</u> organizations loc	ated <u>within FCHS Dis</u>	trict 100 boundaries ar	re eligible)	
A. Official School Sponsored Activities & Organizations (Boosters, Athletics, etc.)							
	B. Non-Pr	ofit Organi	zations within District	: 100			
	C. All Oth	er Organiza	ations Not Included Al	bove			
			ARI	EA REQUESTED			
Auditorium		Small eteria	Large Cafeteria	Kitchen	Classroom	Field House	
Front Gym	G	iym 3	BB Field	FB Field	Soc Field	Other	
			EQUIPI	MENT REQUESTED			
House Lights	Spot	lights	Beam Floods	Piano	Choral Risers	Sound Equipment	
Microphone	Le	ctern	Video Screen	Ticket Booth	Dressing Room	Other	
	INSUR	ANCE REC	QUIREMENT FOR US	SE OF SCHOOL FACI	LITIES BY OUTSIDE (GROUPS	
Bensenville, IL a	ns an addition written notice	al insured. T	he certificate must state	e that the coverage affo	rded shall not be cancelle	ity High School District 100, ed or materially changed hould provide the following	
minimum cover	age:		COMPREHENSIVE GEN	ERAL LIABILITY OCCUR	RENCE FORM		
1,000,000 General Aggregate 1,000,000 Personal & Advanced Injury							
			5	0,000 Fire Damage	<u> </u>		
High School Dis	trict 100, Ben	senville, Illin	iois and the Board of Edu	ucation and its member	s and employees, and to	armless Fenton Community assume responsibility for, and	
		-	_		e facility involves; it being the use of the facility an	d/or areas not covered by the	
Board's liability	insurance. It	is understoc	od and agreed that the u	ndersigned as an officia	al representative of this g		
-			he Board of Education o		gh School District 100.	0 0	
APPLICANT'S N	AME (PRINTFI	D)		APPLICANT'S S	SIGNATURE		
	,	,			-		
NAME OF ORGANIZATION			APPLICANT'S	APPLICANT'S TITLE			
ADDRESS				CITY		ZIP CODE	

EVENING PHONE

DAY PHONE