

## CHECK LIST FOR APPLICATION FOR USE OF RENTAL OF SCHOOL FACILITIES

### **Please fill in required information listed below:**

- Date of requested usage
- Hours of requested usage
- Name of organization
- Name and complete address of person applying
- Purpose of meeting or use of facility with estimated people in attendance completed
- Set up instructions if needed
- Additional school personnel needed (subject to availability and extra fees for service will apply)
- Signature on form
- Telephone number on form

### **Before approval process can begin, the following must be attached to the form:**

- Certificate of Insurance naming Mahomet Seymour CUSD #3 as primary insured
- Check, cash, or money order for rental or custodial fee. (Fee information can be obtained from the facility you wish to use.)

*Submit form to the office of the building you wish to use.*

**MAHOMET-SEYMOUR SCHOOL DISTRICT NO.3, MAHOMET, ILLINOIS  
APPLICATION FOR USE OR RENTAL OF SCHOOL FACILITIES**

Date \_\_\_\_\_

REQUEST IS HEREBY MADE BY UNDERSIGNED FOR THE USE OF THE FOLLOWING  
SCHOOL PREMISES ON THE DATE LISTED BELOW.

THE DATE REQUESTED IS \_\_\_\_\_

HOURS FROM \_\_\_\_\_ TO \_\_\_\_\_ BUILDING \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

AUTHORIZED PERSON AND ADDRESS RESPONSIBLE FOR PAYMENT OF FEE AND  
CERTIFICATE OF INSURANCE:

Name \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address (Required) \_\_\_\_\_

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FACILITY DESIRED (Please check)

GYM \_\_\_\_\_ MULTI-PURPOSE ROOM \_\_\_\_\_ CAFETERIA \_\_\_\_\_  
CLASSROOM \_\_\_\_\_ ATHLETIC FIELD \_\_\_\_\_ OTHER \_\_\_\_\_

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PURPOSE OF MEETING (Please describe fully including number of estimated people in  
attendance)

\_\_\_\_\_  
\_\_\_\_\_

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SET UP INSTRUCTIONS FOR FACILITIES NEEDED ABOVE (Attach information if  
necessary)

\_\_\_\_\_  
\_\_\_\_\_

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SCHOOL PERSONNEL (Beyond basic custodial) TO BE HIRED BY THE ORGANIZATION  
AT A CHARGE EXCEEDING THE RENTAL FEE (Subject to availability) (*PLEASE  
INDICATE NUMBER*)

MAINTENANCE \_\_\_\_\_ ADDITIONAL CUSTODIAN \_\_\_\_\_ GROUNDSPERSON \_\_\_\_\_

FEES ON REVERSE SIDE (This is the only invoice you will receive)

AFFIDAVIT

The undersigned stated that, to the best of his knowledge, the school property for use of which application is hereby made, will not be used for the commission of any act intended to further any program or movement the purpose of which is to accomplish the overthrow of the Government of the United States by force, violence or other unlawful means.

That this organization whose behalf he is making application for use of school property, does not, to the best of his knowledge, advocate the overthrow of the Government of the United States or State of Illinois by force, violence, or other unlawful means, and that, to the best of his knowledge, it is not a communist-action organization or communist-front organization required by law to be registered with the Attorney General of the United States. This statement is made under the penalties of perjury.

We hereby certify that we shall be personally responsible, on behalf of our organization, for any damage sustained by the school premises, furniture, or equipment because of the occupancy of said premises by our organization. We agree to abide by and to enforce the rules, regulations and policies of Mahomet-Seymour School District No.3 governing the use of school premises. (All Mahomet-Seymour School District No. 3 facilities are smoke-free.) *We understand and agree it is our organization's or group's responsibility to provide a trained AED user at the facility during the entire rental time being requested.*

AUTHORIZED SIGNATURE OF APPLICANT \_\_\_\_\_  
(Please sign in ink)

APPLICANT'S TELEPHONE NUMBER \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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**RENTAL FEE MUST BE PAID IN ADVANCE**

RENTAL FEE \_\_\_\_\_ DATE PAID \_\_\_\_\_

**CERTIFICATE OF INSURANCE MUST BE ON FILE PRIOR TO USE OF THE FACILITY**

CERT. RECEIVED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
(Principal) (Superintendent)

**AED LOCATIONS**

AEDs are located in each building in the district as listed below. When an event takes place at an outdoor facility, an AED must be housed within 300 feet of the facility, or taken to the event by a trained user and returned to the Athletic Director.

**LOCATIONS**

**HS: (2)** Outside Attendance office & on southwest wall of gymnasium

**JH: (2)** On south wall of main entrance & on south wall by doorway between orange and blue gymnasiums.

**LINCOLN TRAIL: (1)** On east wall outside of gymnasium.

**SANGAMON: (1)** On west wall of gymnasium entrance.

**MECC: (1)** On south wall inside south entrance to building