

**Community Use of School Facilities**

**8:20-E2 Exhibit - Application and Procedures for Use of School Facilities**

To be submitted to the District Office

**This application must be approved before any organization is allowed to use school facilities.** School organizations, school-sponsored programs, and organizations whose primary purpose is to provide financial assistance to the school are all considered, for the purpose of this application, to be school-related. Use of school facilities for school purposes has precedence over all other uses.

**I PRO SOCCER COMMUNITY NFP / I PROSKILLS ACADMEY TODD HALL/ RUTTLADGE HALL GYMS**

<b>Organization name</b> COSTEL SERBAN	<b>Requested school facility</b> 7738221159 CONTACT@IPROSKILLS.COM
<b>Adult Supervisor from Organization</b> <i>(must be 21 years of age or older)</i> SOCCER PRACTICES	<b>Phone/email address</b> 11/10/2025 TO 3/20/2026 5:30 PM TO 8:30 PM MONDAY TO FRIDAY
<b>Program/Activity</b> NO	<b>Date(s) and start/end time(s)</b> SOCCER BALLS, SOCCER GOAL
<b>Equipment needed</b> NO	<b>Materials to be brought into facility</b> NO
<b>Room arrangement, including decorations</b>	<b>Food service required</b>

**1. The above captioned organization shall supply adequate supervision to ensure proper care and use of school facilities.**

- ☐ The non-school related group is responsible to the Board for the use and care of the school facility. All adult supervisors must have cell phones with them at all times.
- ☐ Sufficient, competent adult supervision must be provided and the adult supervisor must ensure that no minor is left alone after the activity.
- ☐ Only the cafeteria, auditorium, gymnasium, and athletic field, along with needed hallways and parking areas, are available for community use. Entering any room or area not in use by the group is prohibited. The adult supervisor will vacate the facility at the scheduled end time. Use of the school facility is not permitted past the agreed end time.
- ☐ No furniture or equipment may be moved without prior approval from the Building Principal.
- ☐ Signs, displays, or materials may not be attached, nailed, or otherwise affixed to walls.

CS  
\_\_\_\_\_ Initial here if this is agreeable

**2. The above captioned organization hereby agrees to:**

- ☐ Indemnify and hold harmless the District and its agents and employees for and from any and all loss including attorneys' fees, damages, expense, and liability arising out of its use of school property.
- ☐ Pay any damages to school facilities, furniture, or equipment arising out of its use of school property whether such damage was accidental or deliberate. The cost of damages will be based on the repair or replacement cost, the choice of which is at the School Board's discretion.
- ☐ Supply proof of insurance naming Lincolnwood School District 74 as an additional insured and verifying that the group maintains adequate insurance coverage against personal injury and/or property loss:

K7K INSURANCE 8885808041  
\_\_\_\_\_  
Insurance Provider Name Contact Number  
CS  
\_\_\_\_\_ Initial here if this is agreeable

**3. The above captioned organization must pay the following fees:**

Total Rental charge (unless waived by Board policy): \_\_\_\_\_  
Meal and beverage service (cost as determined by the cafeteria supervisor): \_\_\_\_\_  
Additional Fees: \_\_\_\_\_ for \_\_\_\_\_  
CS  
\_\_\_\_\_ Initial here if this is agreeable

**4. Payment Method:** ☒ Check ☐ Money Order ☐ Credit Card

If payment is by check, please make check payable to: **Lincolnwood School District 74**

If payment is by credit card, please indicate the following: ☐ Visa ☐ Master Card ☐ Am Ex

Expiration date: \_\_\_\_\_ Credit Card No. \_\_\_\_\_ Today's date \_\_\_\_\_ Authorized amount: \_\_\_\_\_  
Authorized signature: \_\_\_\_\_

**5. The above captioned organization must agree to use appropriate emergency procedures including calling 9-1-1 for medical emergencies and whenever an AED is used.**

CS  
\_\_\_\_\_ Initial here if this is agreeable

**6. The above captioned organization must agree to follow the District's Plan for Responding to a Medical Emergency at a Physical Fitness Facility, 4:170-AP6. Important:** The District will not supervise the activity nor will it supply trained AED users to act as emergency responders

at any time, including during staffed business hours.

- ☐ Activity being proposed is not in a physical fitness facility.

CS  
\_\_\_\_\_ Initial here if this is agreeable

- ☐ Copy of the District's *Plan for Responding to a Medical Emergency at a Physical Fitness Facility*, 4:170-AP6 has been provided. ([77 Ill.Admin.Code §527.800\(c\)](#)).

CS  
\_\_\_\_\_ Initial here that a copy was received.

**7. If the request involves a physical fitness facility, the above captioned organization must:**

- ☐ Designate at least one adult supervisor who agrees to be an emergency responder. All emergency responders are encouraged to be trained in CPR and trained AED users.
- ☐ Give a copy of the District's plan for responding to medical emergencies to each designated emergency responder.
- ☐ Require that 9-1-1 be called for medical emergencies and whenever an AED is used.
- ☐ Ensure that each designated emergency responder knows the location of first aid equipment and any AED.
- ☐ Ensure that only trained AED users operate an AED, unless the circumstances do not allow time for a trained AED user to arrive.
- ☐ Arrange for at least one emergency responder to have a tour of the facility before the activity.
- ☐ Ensure that if an AED is used, the Superintendent is informed and all appropriate forms are completed (4:170-E1 Exhibit - Injury Response Form).

CS  
\_\_\_\_\_ Initial here if this is agreeable

**I certify that I am authorized to act for the above-named organization. I understand that: (1) the granting of this request does not constitute recognition of my organization as a school-related group or activity, and (2) my organization may not represent itself or any of its activities as school-related.**

**I agree to: (1) abide by the conditions stated in this application, (2) adhere to all Board policies and administrative procedures applicable to this use of the school's facility, and (3) execute and abide by a Rental Agreement in accordance with Exhibit 1 to Policy 8:20. NOTE: The completion of this application is not a guarantee that the request will be granted.**

COSTEL SERBAN

7738221159

Applicant name (*please print*)

6450 CENTRAL PARK LINCOLNWOOD IL 60712 CONTACT@IPROSKILLS.COM

Telephone number

Address



Email address

8/8/2025

Applicant signature

DOC

Date

Applicant Position or Title

The Superintendent or designee will base his or her decision on the information being provided in this application as well as other criteria deemed important. (*Note to Superintendent or designee: After approving or denying this application, return a copy of it to the person making the request, keep the original in the central office, and send a copy to the appropriate Building Principal.*)

- ☐ **Approved**      ☐ **Denied**

Superintendent or designee

Date

CREATED: July 6, 2010

REVISED: September 5, 2019

REVIEWED: September 5, 2019

**Lincolnwood School District 74 - Administrators Edition**