



J. Sterling Morton High School District 201

BUSINESS OFFICE

5801 West Cermak Road, Cicero, Illinois 60804

(708) 780-2116

October 14th, 2026

TO: Dr. Michael Kuzniewski

FR: Nicholas Valderas

RE: Facility Usage Requests for July 2026

GROUP	FACILITY REQUEST	DATES
Lincoln Middle School Dr Semaj Coleman	East Auditorium	May 25 2026 12:30pm-2:30pm May 27 2026 4pm-8pm
Clyde Park District Mark Kraft	East Field House	Dec 1 2026-Feb 21 2026 Sun 9am-9pm Tues/Wed/Thurs 6pm-9pm
City Of Berwyn Claudia E Ayala	West Parking Lot	Oct 28 2026 5pm-9pm

FACILITY USAGE APPLICATION

J. Sterling Morton High School District 201

**TYPE OF ORGANIZATION REQUESTING FACILITY USE: Tax EIN #_369_-
005796**

☒ **X Class I** ☐ **Class II** ☐ **Class III** ☐ **Class IV (Select one)**

NAME & ADDRESS OF ORGANIZATION REQUESTING FACILITY USE:

City of Berwyn, 6700 W. 26th Street, Berwyn, IL 60402

CONTACT NAME, EMAIL & PHONE NUMBER OF PERSON IN CHARGE OF ORGANIZATION:

**Claudia E. Ayala Cayala@ci.berwyn.il.us 708-749-
6432**

DESCRIPTION OF EVENT/ACTIVITY:

Trunk or Treat – Halloween Event

ATTENDANCE (Breakdown by Adults and Children – will be verified):

ADULTS _____ CHILDREN _____

**WILL ADMISSION BE CHARGED OR FEE COLLECTED FROM PARTICIPANTS?
IF SO, WHO OR WHAT ENTITY RECEIVES THE PROCEEDS?**

N/A

DATE(S) OF EVENT:

**FROM 10/28/2026 (Month/Day/Year) TO 10/28/2026
(Month/Day/Year)**

TIME(S) OF EVENT:

SET UP (If Needed) 5:00PM START 6:00PM

BREAKDOWN (If Needed) 9:00 PM END 8:00PM

ADDITIONAL NEEDS (Equipment or Special Requests):

Use of stadium sound system to use in coordination with fireworks display, North stadium entrance use.

APPLICATION FOR USE OF PROPERTY/FACILITIES: (Check Applicable Location[s])

Morton East	Morton West x	Freshman Center	Alternative
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FACILITIES OR PROPERTY REQUESTED FOR USE: (Check Applicable Area[s])

Classroom *	Staff Cafeteria	Senior Cafeteria	Main Cafeteria
Library	Auditorium	Little Theater	Stadium
Field House	Main Gym	Other Gym *	Locker Room
Conference Room *	Pool	Pool Locker Room	Playing Field *
Cardio Room	Parking Lot x	Other	

***Specify Exact Location of Requested Use** _____

ADDITIONAL RULES & REGULATION CONCERNING USE

1. District staff members must make arrangements for any needs they may have concerning the use of the facilities, including but not limited to audio visual equipment, food service, maintenance, etc. Such arrangements may require payment depending upon the rules governing facilities usage.
2. Each organization using the school facilities shall be responsible for the conduct of the people admitted and any damage or breakage incurred during the activity. The Board of Education is not responsible for any injury to persons attending, damage to personal property, or loss of personal effects.
3. All organizations must submit a certificate of insurance in accordance with all rules and regulations concerning facility usage including, but not limited to, naming J. Sterling Morton High School District 201 as an additional insured.
4. Class III applications must submit proof the organization is a qualified tax-exempt entity, such as the organization's IRS determination letter.
5. **SMOKING OR THE USE OR POSSESSION OF INTOXICATING LIQUORS AND DRUGS IS NOT ALLOWED IN OR ON DISTRICT 201 PROPERTY.**

I, as the applicant submitting this Request for Facilities Use, agree to the above rules and regulations concerning the usage of District 201 Property and/or Facilities as well as the Policies and Procedures of the Board of Education of District 201.


 _____ Claudia E. Ayala _____
 08/24/2026
 SIGNATURE & PRINTED NAME DATE

*****OFFICE USE ONLY*****

FACILITY USAGE APPLICATION

J. Sterling Morton High School District 201

TYPE OF ORGANIZATION REQUESTING FACILITY USE: Tax EIN # 36-6004319

☐ Class I ☐ Class II ☒ Class III ☐ Class IV (Select one)

NAME & ADDRESS OF ORGANIZATION REQUESTING FACILITY USE:

Lincoln Middle School / 6432 W. 16th St, Berwyn, IL 60402

CONTACT NAME, EMAIL & PHONE NUMBER OF PERSON IN CHARGE OF ORGANIZATION:

Dr. Semaj Coleman, scoleman1@bn78.org, (708) 795-2475 x4199

DESCRIPTION OF EVENT/ACTIVITY:

Middle School Graduation

ATTENDANCE (Breakdown by Adults and Children – will be verified):

ADULTS 800 CHILDREN 270

**WILL ADMISSION BE CHARGED OR FEE COLLECTED FROM PARTICIPANTS?
IF SO, WHO OR WHAT ENTITY RECEIVES THE PROCEEDS?**

NO

DATE(S) OF EVENT:

FROM 5/27/2027 (Month/Day/Year) TO 5/27/2027 (Month/Day/Year)

TIME(S) OF EVENT:

- practice day 5/25/2027

SET UP (If Needed) _____

START 4PM

BREAKDOWN (If Needed) _____

END 8PM

ADDITIONAL NEEDS (Equipment or Special Requests):

Microphone, sound system, theater lights

APPLICATION FOR USE OF PROPERTY/FACILITIES: (Check Applicable Location[s])

Morton East ☒	Morton West	Freshman Center	Alternative
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FACILITIES OR PROPERTY REQUESTED FOR USE: (Check Applicable Area[s])

Classroom *	Staff Cafeteria	Senior Cafeteria	Main Cafeteria
Library	Auditorium ☒	Little Theater	Stadium
Field House	Main Gym	Other Gym *	Locker Room
Conference Room *	Pool	Pool Locker Room	Playing Field *
Cardio Room	Parking Lot	Other	

***Specify Exact Location of Requested Use** _____

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Senay Coleman
SIGNATURE & PRINTED NAME

9/28/2026
DATE

*****OFFICE USE ONLY*****

BUSINESS OFFICE SECY	PERMIT NO.	DATE RECEIVED/APPROVED

USAGE SUMMARY FORM

Rental/Usage Fees:

Base Fee: _____

Custodial: _____

Security: _____

Food Service: _____

Sound/Lighting: _____

Equipment: _____

Other Fee(s): _____



Signature of Applicant

9/28/2026

Date

Signature of Superintendent

Date

Signature of Business Office

Date

Business Office Only

Application Submitted
Proof of Insurance Submitted
Proof of Non-Profit Submitted
School Sign Off (availability)
Custodian notification and confirmation of coverage
Agreement execution
Invoice sent
Other requests notified and confirmed
School related hour calculation

Facility Inspection Form

Fill Out Upon Arrival

Date: _____

Time: _____

Organization: _____

Responsible Party: _____ Phone: _____

School Facilities Used: _____

Damaged Items: _____

Fill Out Upon Departure

Date: _____

Time: _____

Damaged Items: _____

AGREED / ACKNOWLEDGED (Circle One)

Renter: _____ Date: _____

Custodian: _____ Date: _____

FACILITY USAGE APPLICATION

J. Sterling Morton High School District 201

TYPE OF ORGANIZATION REQUESTING FACILITY USE: Tax EIN # ____ - ____
☐ Class I ☐ Class II ☐ Class III ☐ Class IV (Select one)

NAME & ADDRESS OF ORGANIZATION REQUESTING FACILITY USE:

Mark Kraft / Clyde Park District

CONTACT NAME, EMAIL & PHONE NUMBER OF PERSON IN CHARGE OF ORGANIZATION:

Mark Kraft 708 516 0559 mkraft@clydeparkdist.org

DESCRIPTION OF EVENT/ACTIVITY:

Soccer

ATTENDANCE (Breakdown by Adults and Children – will be verified):

ADULTS _____ CHILDREN _____

WILL ADMISSION BE CHARGED OR FEE COLLECTED FROM PARTICIPANTS?
IF SO, WHO OR WHAT ENTITY RECEIVES THE PROCEEDS?

DATE(S) OF EVENT:

FROM Dec 1, 2026 (Month/Day/Year) TO Feb. 21 2026 (Month/Day/Year)

TIME(S) OF EVENT: Sun 9am-1pm Tues/Wed/Thurs 6pm-9pm

SET UP (If Needed) _____ START _____

BREAKDOWN (If Needed) _____ END _____

ADDITIONAL NEEDS (Equipment or Special Requests):

APPLICATION FOR USE OF PROPERTY/FACILITIES: (Check Applicable Location[s])

Morton East ☒	Morton West	Freshman Center	Alternative
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Library	Auditorium	Little Theater	Stadium
Field House ☒	Main Gym	Other Gym *	Locker Room
Conference Room *	Pool	Pool Locker Room	Playing Field *
Cardio Room	Parking Lot	Other ☒	

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SIGNATURE & PRINTED NAME

DATE

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BUSINESS OFFICE SECY	PERMIT NO.	DATE RECEIVED/APPROVED