



J. Sterling Morton High School District 201

BUSINESS OFFICE

5801 West Cermak Road, Cicero, Illinois 60804

(708) 780-2116

October 8, 2025

TO: Dr. Michael Kuzniewski

FR: Nicholas Valderas

RE: Facility Usage Requests for October 2025

GROUP	FACILITY REQUEST	DATES
Irving Elementary School Michael Rickert	West Auditorium West Main Cafeteria	Dec 16 2025
Mustangs Youth Football and Cheer David Lopez	West Stadium West Playing Field	Nov 2 & Nov 9, 2025

FACILITY USAGE APPLICATION

J. Sterling Morton High School District 201

TYPE OF ORGANIZATION REQUESTING FACILITY USE: Tax EIN # E-99978059
☐ Class I ☐ Class II ☐ Class III ☐ Class IV (Select one)

NAME & ADDRESS OF ORGANIZATION REQUESTING FACILITY USE:

Irving Elementary School 3501 S Clinton Ave

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

Michael Rickert 708-370-2221 Music Teacher/ Martin Stachura Principal 847-409-4326

DESCRIPTION OF EVENT/ACTIVITY:

2025 Holiday Program

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

ADULTS 800-1000 CHILDREN 425 (cafeteria)

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

No

DATE(S) OF EVENT:

FROM 12/16/25 (Month/Day/Year) TO 12/16/25
(Month/Day/Year)

TIME(S) OF EVENT:

SET UP (If Needed) 430 START 6:00

BREAKDOWN (If Needed) 720 END 7:10

ADDITIONAL NEEDS (Equipment or Special Requests):

The AV department recorder our show one year, would they be available to do it again for the show?

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 _____

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.

____ Michael Rickert  '9-23-25 _____

SIGNATURE & PRINTED NAME

DATE

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

BUSINESS OFFICE SECY	PERMIT NO.	DATE RECEIVED/APPROVED

FACILITY USAGE APPLICATION

J. Sterling Morton High School District 201

TYPE OF ORGANIZATION REQUESTING FACILITY USE: Tax EIN # 99-1112725
Class I Class II Class III Class IV (Select one)

NAME & ADDRESS OF ORGANIZATION REQUESTING FACILITY USE:

Mustangs Youth Football and Cheer

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

David Lopez BerwynFootball@hotmail.com 708-997-1439

DESCRIPTION OF EVENT/ACTIVITY:

Pee Wee Football Games Playoffs

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

ADULTS 80

CHILDREN 180

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

NO

DATE(S) OF EVENT:

FROM Nov. 2nd 2025 (Month/Day/Year) TO Nov. 2, 2025 (Month/Day/Year)

TIME(S) OF EVENT:

SET UP (If Needed) _____

START 8am

BREAKDOWN (If Needed) _____

END 3pm

ADDITIONAL NEEDS (Equipment or Special Requests):

use field marker and scoreboard

Also concession area

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

Morton East	Morton West <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>
Field House	Main Gym	Other Gym *	Locker Room
Conference Room *	Pool	Pool Locker Room	Playing Field <input checked="" type="checkbox"/> *
Cardio Room	Parking Lot	Other	

*Specify Exact Location of Requested Use Morton West Football field

ADDITIONAL RULES & REGULATION CONCERNING USE

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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.
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David Lopez
SIGNATURE & PRINTED NAME

10/3/25
DATE

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

BUSINESS OFFICE SECY	PERMIT NO.	DATE RECEIVED/APPROVED

USAGE SUMMARY FORM

Rental/Usage Fees:

Base Fee: _____

Custodial: _____

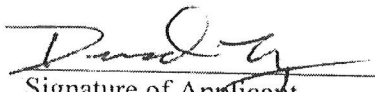
Security: _____

Food Service: _____

Sound/Lighting: _____

Equipment: _____

Other Fee(s): _____


Signature of Applicant

10/3/25
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 USAGE APPLICATION

J. Sterling Morton High School District 201

TYPE OF ORGANIZATION REQUESTING FACILITY USE: Tax EIN # 99-1112775
Class I Class II Class III Class IV (Select one)

NAME & ADDRESS OF ORGANIZATION REQUESTING FACILITY USE:

Mustangs Youth Football and Cheer

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

David Lopez BerwynFootball@hotmail.com 708-997-1439

DESCRIPTION OF EVENT/ACTIVITY:

Pee Wee Football Games Playoffs

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

ADULTS 80

CHILDREN 180

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

NO

DATE(S) OF EVENT:

FROM Nov. 9, 2025 (Month/Day/Year) TO Nov. 9, 2025 (Month/Day/Year)

TIME(S) OF EVENT:

SET UP (If Needed) _____

START 8am

BREAKDOWN (If Needed) _____

END 3pm

ADDITIONAL NEEDS (Equipment or Special Requests):

use field marker and scoreboard

Also concession area

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

Morton East	Morton West <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>
Field House	Main Gym	Other Gym *	Locker Room
Conference Room *	Pool	Pool Locker Room	Playing Field <input checked="" type="checkbox"/> *
Cardio Room	Parking Lot	Other	

*Specify Exact Location of Requested Use Morton West Football field

ADDITIONAL RULES & REGULATION CONCERNING USE

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David Lopez
SIGNATURE & PRINTED NAME

10/3/25
DATE

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

BUSINESS OFFICE SECY	PERMIT NO.	DATE RECEIVED/APPROVED

USAGE SUMMARY FORM

Rental/Usage Fees:

Base Fee: _____

Custodial: _____

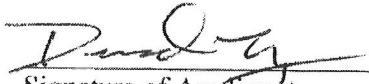
Security: _____

Food Service: _____

Sound/Lighting: _____

Equipment: _____

Other Fee(s): _____



Signature of Applicant

10/3/25

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