ALDEN-HEBRON S.D. #19
9604 Illinois St.
Hebron, IL 60034
815-648-2442

USE OF BUILDING AND GROUNDS APPLICATION

DATE OF REQUEST_____

_____SINGLE NIGHT USE _____REGULAR NIGHT USE

NAME OF GROUP_____

NAME OF PERSON IN CHARGE_____

ADDRESS OF PERSON IN CHARGE_____

DATE OF PROPOSED USE_____

TIME OF PROPOSED USE_____

PORTION OF BUILDING/GROUNDS REQUESTED_____

FOR WHAT PURPOSE IS THE BUILDING BEING USED_____

_____

ADMISSION CHARGE _____YES _____NO AMOUNT $_____

EQUIPMENT NEEDED_____

EXPECTED NUMBER OF PERSONS ATTENDING_____

The rules, policy, and guidelines attached to this application are incorporated by reference and made a part of this application and agreement as fully as though set forth in detail hereunder.

_____ _____
Signature of Person in Charge of Use Phone Number

Accepted: Board of Education, SD #19
McHenry County, Illinois

_____
Athletic Director

_____ _____
Principal Superintendent

There will be a fee for: Custodial $_____
Building $_____
Grounds $_____

Comments:_____
_____