

School Year: _____
Space Reservation Request

Hawthorn School District #73

Please complete this form by including all requested information – **Incomplete requests will delay scheduling.**
Submission of this form does NOT constitute a reservation

District Use Only

Please Print or Type (Fields with * must be filled out)

* Event Name / Purpose for which facility is to be used: _____

* Name of Authorized Organization Representative: _____

* Daytime Phone: (____) _____ Evening Phone: (____) _____

* Cell Phone: (____) _____ E-mail/Fax: _____

Cert/ Ins. rec'd _____
 Confirm sent _____

- Billing Contact Person: _____
 - Billing Mailing Address: _____
- Contact Phone: (____) _____ (City, ST ZIP)

Custodial Staff Billable Hours _____

Time and date facility is to be used: Day and Date: _____
 (if more than one date is being request, please fill out page 2)

Arrival time: _____ am/pm Departure time: _____ am/pm
 (NOTE: Your charge will increase if your groups arrives earlier or stays beyond the requested time)

* Estimated Attendance: _____ * Building Requested: _____

* Facility Requested: Multi-Purpose Room _____ Gym _____ Cafeteria _____
 (Note: Middle North, Townline, Elementary South and Aspen do NOT have a Multi-Purpose Room)

*** Set Up Instructions:**

- | | | |
|--|--|---|
| <input type="checkbox"/> Theater Style | <input type="checkbox"/> U-Shape | <input type="checkbox"/> Number of chairs _____ |
| △ with aisle | <input type="checkbox"/> Classroom / lunchroom | <input type="checkbox"/> Number of tables _____ |
| △ no aisle | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Other Information/Special Needs: _____
 Diagram **must** be included for set up instructions. Please use diagram form/download.

NOTE: Hawthorn School District #73 reserves the right to make any adjustments in the areas as scheduled if it becomes necessary. Every effort will be made to provide all areas as scheduled for groups/organizations. In case of a school conflict, that group/organization will be notified immediately and alternative arrangements will be attempted.

An invoice for charges incurred, if any, will be sent to the address filled in above.

The applicant hereby agrees to use the described facilities in accordance with the rules and regulations established by the Hawthorn School District #73 Board of Education.

 * Date _____ *Signature of Authorized Organization Representative

To Be Completed By School Officials

At this time, this application is approved due to no conflicts with school activities in the use of the above facilities.

Please return/fax completed form(s) to:
 Building Schedule Center-Jennifer Heavrin
 Hawthorn School District 73
 841 West End Ct., Vernon Hills, IL 60061
 847-990-4297-fax

Business or Facilities Manager or designee _____
 Date Approved & Placed on District Calendar _____

Notations: _____

School Year: _____
Space Reservation Request

Event Name / Purpose for which facility is to be used: _____

Page _____ of _____

For more than one date requested, please fill out this page

Time and date facility is to be used:

✓ **SCOUT TROUPS**, please check preference: Shared space Non-shared space

*Shared space books 1st because non-shared requests limit space usage.

Day _____ / Date _____ Arrival Time: _____ am/pm Departure Time _____ am/pm

Day _____ / Date _____ Arrival Time: _____ am/pm Departure Time _____ am/pm

Day _____ / Date _____ Arrival Time: _____ am/pm Departure Time _____ am/pm

Day _____ / Date _____ Arrival Time: _____ am/pm Departure Time _____ am/pm

Day _____ / Date _____ Arrival Time: _____ am/pm Departure Time _____ am/pm

Day _____ / Date _____ Arrival Time: _____ am/pm Departure Time _____ am/pm

Day _____ / Date _____ Arrival Time: _____ am/pm Departure Time _____ am/pm

Day _____ / Date _____ Arrival Time: _____ am/pm Departure Time _____ am/pm

Day _____ / Date _____ Arrival Time: _____ am/pm Departure Time _____ am/pm

Day _____ / Date _____ Arrival Time: _____ am/pm Departure Time _____ am/pm

Day _____ / Date _____ Arrival Time: _____ am/pm Departure Time _____ am/pm

Day _____ / Date _____ Arrival Time: _____ am/pm Departure Time _____ am/pm

Day _____ / Date _____ Arrival Time: _____ am/pm Departure Time _____ am/pm

Day _____ / Date _____ Arrival Time: _____ am/pm Departure Time _____ am/pm

* Date

*Signature of Authorized Organization Representative