

**BENZIE COUNTY CENTRAL SCHOOLS
9222 HOMESTEAD RD
BENZONIA, MI 49616**

Use Application for Benzie County Central Schools (BCCS)

Date of Application: _____

Name of Organization: _____

Type of function or activity: _____

Organization Classification: _____

Federal Non-Profit/Profit ID#: _____

Date Required: _____

Times Required: Start_____ **End** _____ **= Total Hours** _____

Will you charge admission to this event? _____ yes _____ no

Room requested :

- _____ CBO, Conference Room
- _____ High School Gym
- _____ High School Cafeteria
- _____ High School Cafeteria & Kitchen
- _____ Middle School Gym
- _____ Crystal Lake All-Purpose Room
- _____ Crystal Lake All-Purpose Room & Kitchen
- _____ Platte River All-Purpose Room
- _____ Platte River All-Purpose Room & Kitchen
- _____ Betsie Valley All-Purpose Room
- _____ Betsie Valley All-Purpose Room & Kitchen
- _____ Lake Ann All-Purpose Room
- _____ Lake Ann All-Purpose Room & Kitchen
- _____ Any Library
- _____ Any Classroom

Person submitting application: _____

Mailing/Billing : _____

Address _____

Day Phone #: _____

Evening Phone #: _____

Fees Assessed:

Janitor Fee (School Hrs) @ \$20/Hour X _____ hrs = \$ _____
Janitor Fee (After Hrs/Saturday) @ \$35/Hour X _____ hrs = \$ _____
Janitor Fee (Sunday/Holidays) @ \$45/Hour X _____ hrs = \$ _____

Food Service (School Hrs) @ \$20/Hour X _____ hrs = \$ _____
Food Service (After Hrs/Saturday) @ \$35/Hour X _____ hrs = \$ _____
Food Service (Sunday/Holidays) @ \$45/Hour X _____ hrs = \$ _____

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Additional Requirements (i.e., podium, bleachers, sound system, scoreboard):

Applicant's Acknowledgement of Fees and Responsibilities:

I do hereby certify, in representation of the above group that I have read and we will observe and adhere to the rules and regulations. It is understood this organization is responsible for any damage or loss to the school equipment or facility. Failure to comply with these rules for use of BCCS facilities will result in termination of your group's use of the building. Repair of any damages or clean up charges will be billed to the group requesting the facility.

Applicant Signature and Date: _____

Approved _____
 (Bldg Principal) (date)

- CC:**
- a. Applicant
 - b. Director of Ops (as appropriate)
 - c. Food Service (as appropriate)
 - d. CBO for invoicing (upon completion of billable function/activity)

{Revised 1/16/02}