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**	**= $**_____

_____	$_____	X _____	=	$_____
_____	$_____	X _____	=	$_____
_____	$_____	X _____	=	$_____
_____	$_____	X _____	=	$_____
_____	$_____	X _____	=	$_____
_____	$_____	X _____	=	$_____
_____	$_____	X _____	=	$_____

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}