

Facility Use Application

Benzie County Central Schools (BCCS)
9300 Homestead Rd, Benzonia, MI 49616

Date of Application: _____ Name of Organization: _____

Type of function or activity: _____

Profit or Non-Profit: _____ Federal Non-Profit ID#: _____

Date Required: _____ Time: Start _____ End _____ Total Hours = _____

Will you charge admission to this event? _____ NO _____ YES Fee: \$ _____

Room requested:

- | | |
|--|-----------------------------|
| _____ HS Auditorium * MUST COMPLETE pages 1-3 | _____ Crystal Lake Gym |
| _____ Library @ _____ (bldg.) | _____ Crystal Lake Kitchen |
| _____ Any Classroom @ _____ (bldg.) | _____ Betsie Valley Gym |
| _____ High School Gym | _____ Betsie Valley Kitchen |
| _____ High School Cafeteria | _____ Lake Ann Gym |
| _____ High School Kitchen | _____ Lake Ann Cafeteria |
| _____ Middle School Gym | _____ Lake Ann Kitchen |

Applicant's Name: _____ E-mail: _____

Mailing/Billing: _____
Address _____

Day Phone #: _____ Evening Phone #: _____

Additional Requirements (i.e., tables/chairs in non-classroom, podium, 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. We understand that the requesting 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 my group's use of the building. Charges for repair of any damages and/or clean-up will be billed to my organization.

Applicant Signature: _____ Date: _____

Approval of Building Principal: _____ Date: _____

- CC: a. Applicant
b. Director of Ops
c. CBO for invoicing
d. Food Service (as appropriate)

{Revised 04/20/17}

Complete pages 2 and 3
only if using the HS
Auditorium.

Auditorium Use Details

Benzie County Central Schools (BCCS)
9300 Homestead Rd, Benzonia, MI 49616

Date of Application: _____ Name of Organization: _____

Dates Requested	Check One:		Times:	
	Presentation	Rehearsal	Starting	Ending

Reminder: A school custodian will be provided for the above dates and times at current rates. A school approved sound/light technician will be provided as needed at a rate of \$25/hour.

Please write a brief description of the program you wish to present:

Will you charge admission to this event? _____ NO _____ YES Fee: \$ _____

Please check all that apply:

_____ This organization requires that a sound/light technician be provided.

_____ This organization does not need to use any special equipment. We do not need to use the stage, nor do we need any sound equipment, including microphones, or theatrical lighting. By checking this option we understand that we can use only the floor of the auditorium seating area, the stage in front of the main curtain, and the regular house lights. (Simple items such as an overhead projector, a speaker's lectern, tables and a projector screen are available if needed.)

_____ This organization needs to use the following:

_____ stage _____ in front of main curtain _____ front half _____ full

_____ Sound System

_____ corded microphones (How many? _____) _____ wireless microphones (How many? _____)

_____ CD Player _____ cassette deck _____ stage monitor speakers

_____ speaker's lectern _____ Grand Piano (on approval only) _____ Studio Piano

_____ music stands (number _____) _____ chairs (number _____)

_____ conductor's podium _____ acoustical stage shell _____ risers (additional)

_____ theatrical lighting

_____ only the stage area in front of main curtain (catwalk lights only)

_____ entire stage area (all stage and catwalk lights)

_____ single set-up (on-off only)
_____ multiple changes (configurations for more than one set-up)

_____ Back Stage Areas:

_____ Band room (purpose: _____)

_____ Choir room (purpose: _____)

_____ Storage room (purpose: _____)

_____ Dressing room (purpose: _____)

I have read, understand and accept the policies regarding the use of the Benzie County Central Schools Auditorium and accept full responsibility as an official representative of:

(name of organization)

(title or office)

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

Priority Classification (circle one): High (or) Low Approved: _____ Not Approved: _____

Reason for Non-Approval: _____

Building Supervisor: _____

Fees Assessed:

Custodian: _____ hours @ \$ _____ = Total Cost of \$ _____

_____ hours @ \$ _____ = Total Cost of \$ _____

Technician: _____ hours @ \$ _____ = Total Cost of \$ _____

Rental fee: _____ days @ \$ _____ = Total Cost of \$ _____

Piano Use Fee: _____ events @ \$ 60 = Total Cost of \$ _____

20% Net Proceeds: _____ yes _____ no Amount \$ _____

TOTAL FEES ASSESSED: \$ _____

BCCS Facility Use Fee Structure	Group A	Group B
	Groups which directly provide activities and services for students; civic groups or community service organizations	Groups not defined as Group A; for-profit, out-of-district, or non-resident groups
Facility	Facility Use Fee	Facility Use Fee
High School		
Gym	\$25/Occurrence	\$100/Occurrence
Cafeteria	\$10/Occurrence	\$50/Occurrence
Kitchen	\$25/Occurrence	\$150/Occurrence
Middle School Gym	\$25/Occurrence	\$100/Occurrence
Crystal Lake		
Gym	No Charge	\$50/Occurrence
Kitchen	\$20/Occurrence	\$75/Occurrence
Platte River		
Gym	No Charge	\$50/Occurrence
Kitchen	\$20/Occurrence	\$75/Occurrence
Betsie Valley		
Gym	No Charge	\$40/Occurrence
Kitchen	\$20/Occurrence	\$65/Occurrence
Lake Ann		
Gym	No Charge	\$50/Occurrence
Cafeteria	\$10/Occurrence	\$50/Occurrence
Kitchen	\$15/Occurrence	\$75/Occurrence
Any School's Library	No Charge	\$45/Occurrence
Any School's Classroom	No Charge	\$25/Occurrence
Auditorium	\$100/Occurrence	\$300/Occurrence

Personnel Services	Personnel Fee	Personnel Fee
Custodian	* Weekday Hours \$25/Hr (Custodial rate will <i>not</i> be charged if set-up, clean up, or take down is <i>not</i> required before, during, or after event.)	* Weekday Hours \$25/Hr
	After Hours/Saturdays \$36/Hr	After Hours/Saturdays \$36/Hr
	Sundays/Holidays \$45/Hr	Sundays/Holidays \$45/Hr
Auditorium Technician Required if using the auditorium	\$25/hr ** Equipment, if applicable	\$25/hr ** Equipment, if applicable
Food Service If using a kitchen → <i>Contact Chartwells at the HS for food service needs. 231-882-4497</i>	* Weekday Hours \$25/Hr	*Weekday Hours \$25/Hr
	After Hours/Saturdays \$36/Hr	After Hours/Saturdays \$36/Hr
	Sundays/Holidays \$45/Hr	Sundays/Holidays \$45/Hr

* Billed for actual hours worked in support of event (i.e. prep and clean up)

** Equipment (i.e. projectors, sound system) billed at an hourly fee based upon availability