

# 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:**

- |   |  |
|---|--|
| <input type="checkbox"/> HS Auditorium * <b>MUST COMPLETE pages 1-3</b> | <input type="checkbox"/> Crystal Lake Gym      |
| <input type="checkbox"/> Library @ _____ (bldg.)                        | <input type="checkbox"/> Crystal Lake Kitchen  |
| <input type="checkbox"/> Any Classroom @ _____ (bldg.)                  | <input type="checkbox"/> Betsie Valley Gym     |
| <input type="checkbox"/> High School Gym                                | <input type="checkbox"/> Betsie Valley Kitchen |
| <input type="checkbox"/> High School Cafeteria                          | <input type="checkbox"/> Lake Ann Gym          |
| <input type="checkbox"/> High School Kitchen                            | <input type="checkbox"/> Lake Ann Cafeteria    |
| <input type="checkbox"/> Middle School Gym                              | <input type="checkbox"/> 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:**      \$ \_\_\_\_\_

<b>BCCS Facility Use Fee Structure</b>	<b>Group A</b>	<b>Group B</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
<b>Facility</b>	<b>Facility Use Fee</b>	<b>Facility Use Fee</b>
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

<b>Personnel Services</b>	<b>Personnel Fee</b>	<b>Personnel Fee</b>
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 <b>Required if using the auditorium</b>	\$25/hr ** Equipment, if applicable	\$25/hr ** Equipment, if applicable
Food Service <b>If using a kitchen →</b> <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