



Beecher Community School District
1020 W. Coldwater Rd, Flint, MI 48505; Office (810) 591-9212; Fax (810) 591-9372

BUILDING USE AGREEMENT FORM

(This section to be completed by applicant.)

Individual/Group/Organization Name: _____

Number of persons expected: _____ Event: _____

Event Date: _____ Event Time(s): Beginning: _____ Ending: _____

(Be sure to include enough time for set-up and tear down time if needed. The building will be opened 15 minutes prior to the scheduled start time and closed/locked-up 15 after the scheduled closing time. Time used beyond the scheduled time is discouraged and will be billed to the "responsible party" at a **rate of \$10.00 per 10 minutes**).

Name* of Primary Contact Person: _____
(*This person **MUST** be ON-SITE during use and **MUST** contact the site monitor directly **PRIOR** to use.)

Cell Phone #: _____ Home Phone #: _____

Work #: _____ Fax Phone #: _____

Email address: _____

Billing Address: _____

Damage Deposit of \$75 MUST be paid at the time of signing. Check #: _____ Received: _____ (*initial*)
(only required once for scheduled multiple uses)

Facilities Requested: Fee is \$25/hour per room. Second space is \$15/hour. Each additional space is \$10/hour.

- Gymnasium
- Concession Stand
- Cafeteria
- Kitchen
- Girls Locker Room
- Boys Locker Room
- Football Field
- Classroom#: _____
- Other: _____
- Facility Fees Waived

**** Custodial fees may apply to all renters ****

- Custodian will be on duty during all events.
- If rental is outside of custodian's normal hours, all renters will pay custodial rate associated with the time for the rental.
- If rental is during normal custodial hours but the district determines that cleanup will exceed scope of regular custodian on duty hours, an additional cleaning fee may be charged.

Equipment Requested: (See equipment rental fees on next page)

- Chairs
- Tables
- Sound System
- Benches
- Other: _____

(No school sports equipment may be used by outside parties. Please bring your own equipment)

Special Instructions or Requests: (Set up may require additional fees.)

Acknowledgement: I/We agree to the Building Use Guidelines established by Beecher Community Schools. I/We assume all risks and dangers inherent in the use of these facilities, accepting them in “as is” condition. I/We agree to use my/our best judgment in the use of these facilities and to follow generally accepted safety principles. I/We agree that it will not use the premises for any unlawful purposes, and will obey all laws, rules, and regulations of all governmental authorities while using the above described facilities. I/We agree to conduct a visual inspection of the premises, including entrances and exits, prior to each use, and warrants that the premises will be used only in a safe condition. I/We waive and release Beecher Community Schools and/or building owner from any claim for personal injury, property damage, or death that may arise from my/our use of these facilities. In the event that any award is made related to my/our use of the facility, I/we hereby indemnify Beecher Community Schools and/or building owner for the amount of such award. **Written cancellation with less than 4 days notice will be charged a \$25 cancellation fee.** District and/or building closure will not occur with less than 4 days notice unless safety or weather related. Beecher Community School District is not responsible for losses due to cancellations.

Signature: _____ Date: _____
(Responsible Party requesting use of Building)

Authorized Approval: _____ Date: _____
(Facility Coordinator)

Office Use Only - Invoice#: _____

	Space(s) rented:	Fee per Hour:	Total:
1		X \$25	
2		X \$15	
3		X \$10	
4		X \$10	
5		X \$10	
6		X \$10	
Grand Total for Building Rental:			

Equipment:	Number:	Price per hour:	Quantity used:	Total cost:
Chairs		\$5/hour (per 100 chairs)		
Sound System		\$5/hour		
Benches		\$5/hour (per any amount used)		
Tables		\$5/hour (per any amount used)		
Other				
Grand Total for Equipment Rental:				

Building Rental Total: _____

Equipment Fee Rental: _____

Other Fee: _____

+ _____:

Total Rental Fee (s): _____

Date (s) of actual building use: _____

Invoice #: _____ **Amount Due: \$** _____ **Amount included with this invoice: \$** _____

Office Use Only - Invoice#:	
Make check payable to: Beecher Community School District 1020 West Coldwater Road Flint, Michigan 48505	
CHECK #: _____	
Amount: \$ _____	
Signature: _____	Date: _____