

# Blissfield Community School District

7510A/ 1 of 2

## Request for use of Facilities

School/Facility Requested: \_\_\_\_\_.

Date of Event: \_\_\_\_\_.

Time of Event: \_\_\_\_\_.

If request is for multiple dates list: \_\_\_\_\_

Purpose of the Event: \_\_\_\_\_

Person/Organization requesting Facility: \_\_\_\_\_

Address of Person/ Organization: \_\_\_\_\_.

\_\_\_\_\_.

Contact Person: \_\_\_\_\_.

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_.

Cost of Admission: \_\_\_\_\_.

Number Attending Event: \_\_\_\_\_.

% of Students/staff at BCS: \_\_\_\_\_. Building: HS MS ES.

Signature of Applicant: \_\_\_\_\_.

Date: \_\_\_\_\_.

**Notice: All Person/Organizations must provide a signed Hold Harmless Agreement and a Certificate of Insurance listed Blissfield Community Schools.**

Area(s) of the Facility Requested:

Fee

Please circle area(s) and fees will be determined by BCS staff.

Classroom(s):	_____
Media Center:	_____
Gymnasium:	_____
Kitchen:	_____
Cafeteria:	_____
Other:	_____

Additional Fees.

Custodial	
During Event:	_____
Set up/ take down	_____
Clean-up	_____
Food Service (required for Kitchen Rental)	_____
Energy Recovery:	_____
Trash:	_____
*Total Estimated Cost:	_____

Checks payable to Blissfield Community Schools and are due with in (3) Business day after the date of use.

\_\_\_\_\_ This request is fully approved

\_\_\_\_\_ This request is approved with the following limitations

\_\_\_\_\_.

\_\_\_\_\_ This request is not approved.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_.

\*Based on information submitted on application. Total cost may change if Person/Organization alters from this request in any way.  
Submit applications to [tkasefan@blissfieldschools.us](mailto:tkasefan@blissfieldschools.us) or fax to 888-732-3028