FACILITY USE APPLICATION

Bendle Public Schools 4469 Greenley, Burton, MI 48529 810-591-3606

Date of Application	Name of Organization
Site Requested	Person Responsible
Room/Area Desired	Address
Day(s) of Week: M T W TH F ST S	Email Address
Fromam/pm toam/pm	Phone: DayEvening
Beginning Date	Admission Charge: Yes No Cost \$
	Expected Attendance
Facilities will be used for the following purpose	
Will you need custodial services? Yes (If yes, see below)	ow) No
How will you access building (if using facility during non-custodial hours)? Indicate any additional needs	
App	plicants Signature Date
Applicants Email Address (REQUIRED)	
APPR	ROVAL
Cor	mmunity Education Representative Date
Indicate below any additio	nal staffing and times needed
Custodian	
Building Supervisor	Rental Fees \$
Cafeteria Help	
Other	
Security Clearance	
Comments	Due DateRec'd