

Event

Date _____ Purpose: _____

Event Set Up Date/Time: _____ Start Time: _____ End Time: _____

Location (School): _____ Building: _____ Rooms: _____

Group/Organization

Name: _____

Address: _____ Phone: _____

Event Contact Person On Site: Name: _____

Day Time Phone _____ Evening Phone: _____

Admission Charge: \$ _____ Estimated number of participants/audience _____

Will Food/Beverages Be Served?* _____ Yes _____ No

*If yes, you must contact the Food Service Department: (231) 933-1910.

Special Needs

Chairs: # _____ @ \$ _____ each Tables: # _____ @ \$ _____ each

Tarp: # _____ @ \$ _____ each Other _____

Applicant

I have read the contract, agreement, and administrative regulations on reverse side of application and agree to abide by them:

Applicant Signature: _____ Phone: _____ Date: _____

For Office Use Only

Custodian \$ _____ hr Light Tech \$ _____ hr Special Needs \$ _____	Use Fee: \$ _____ \$ _____ \$ _____ For: _____ Equipment Fees: \$ _____ Proof of Insurance Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Approved by Building Principal: _____ Date: _____

Approved by TCAPS Administrator: _____ Date: _____