EASTPOINTE COMMUNITY SCHOOLS RENTAL OF FACILITIES APPLICATION AND INVOICE

Please Circle One: Estimated Cost or Final Invoice

BUIL	.DIN	G:					Contact:		
Name of Applicant/Group: Group Representative: Address: Phone: Type of Activity:						Date(s) and Times Event Date(s) Setup: Takedown:			and Times
Турс	. 01 /	Activ	nty.					ranodown.	
Тур	эе					Fee Classes (Place		• • •	
								school clubs, school-spon	sored dances, etc.
						d school support groups			rvice clubs, & gov't agencies
						ps, and groups providing			vice clubs, & gov i agencies
		<u> U.u.</u>	-		-	po, ana groupo proviam	g tultion or loo	bacca mondenen	
				*ROOM RENTAL R					
_ FE	_	Clas		High School	Basic Charge	Middle School	Basic Charge	Elementary	Basic Charge
	II	≡	IV	Auditorium	\$ 225.00	Gymnasium	\$ 100.00	Multi-Purpose Rm	\$ 60.00
No Charge				Cafeteria	\$ 75.00	Classrooms (oa.)	\$ 75.00	Kitchen	\$ 50.00
				Commons	\$ 75.00	Classrooms (ea.)	\$ 25.00	Classrooms (ea.)	\$ 25.00
				Gymnasium	\$ 150.00	Other	\$ -	Other	\$ -
				Pool	\$ 100.00	Student Light/Sound	\$ 8.25		
	Z	No	Full	Locker Rooms	\$ -	Additional Hours	\$ 50.00	(no od 1:60 m. od 1 no ovetky 1	aabaisiana ata\
		C	1 C	Weight Room	\$ 50.00	Special Arrangemer	its:	(need lifeguard, security, t	echnicians, etc.)
	ar	Charge	Charge	Wrestling Room Classrooms (ea.)	\$ 50.00 \$ 25.00				
	ye	уe	ge	Other	\$ 25.00 \$ -				
				BUILDING CHARG	Ee				
			Room Fee			\$ -	Total Building Charge	ne: ¢ -	
					(Fill in appropriate room fee)		<u>σ</u> -		
				Number of Days of	T Use:		=	ASN to Credit:	
FE	EE (Clas	s	*CUSTODIAL RATI	ES:		Hourly Rate:		
П	Ш	Ш	IV]			High School	Middle School	Elementary
				Day Custodian	Week/Saturda	y (Time & a half)	\$41.00	\$41.00	\$41.00
				Night Custodian		(Time & a half)	\$41.00	\$41.00	\$41.00
				Day Custodian	•	liday (Double Time)		\$54.00	\$54.00
							304.00		
				Night Custodian	Sunday or Hol	iday (Double Time)	\$54.00 \$54.00		
z	500	Fu	Fu	Night Custodian	Sunday or Hol	iday (Double Time)	\$54.00	\$54.00	\$54.00
No Ch	50% Ch	Full Ch	Full Ch	Night Custodian Total Billable Cust	•	(Attached schedule	\$54.00		
Charge	Charg	Full Charge	Full Charge		•		\$54.00	\$54.00	
Charge	50% Charge	Full Charge	Full Charge	Total Billable Cust	odial Hours:	(Attached schedule	\$54.00	\$54.00	\$54.00
Charge	Charg	Full Charge	Full Charge	Total Billable Cust Custodian Rate	odial Hours:	(Attached schedule	\$54.00) Total	\$54.00 Total Custor Custodial O	\$54.00
Charge	Charg	Full Charge	Full Charge	Total Billable Cust Custodian Rate \$ -	odial Hours:	(Attached schedule	\$54.00) Total \$ -	\$54.00 Total Custor Custodial O	\$54.00 dial Overtime: \$ - /T Salary ASN:
Charge	Charg	Full Charge	Full Charge	Total Billable Cust Custodian Rate \$ - \$ -	odial Hours:	(Attached schedule	\$54.00) Total \$ - \$ -	\$54.00 Total Custor Custodial O	\$54.00 dial Overtime: \$ - /T Salary ASN: Benefits ASN:
Charge	Charg	Full Charge	Full Charge	Total Billable Cust Custodian Rate \$ - \$ - \$ -	No. of Cust.	(Attached schedule No. of Hours	\$54.00) Total \$ - \$ - \$ -	\$54.00 Total Custo Custodial O. Custodial O/T	\$54.00 dial Overtime: \$ - /T Salary ASN: Benefits ASN: ED: \$ -
Charge	Charg	Full Charge	Full Charge	Total Billable Cust Custodian Rate \$ - \$ - \$ - NOTE: PAYMENT:	No. of Cust. FINAL INVOICE	(Attached schedule No. of Hours WILL REFLECT ACTUA	\$54.00) Total \$ - \$ - \$ -	\$54.00 Total Custor Custodial O/Custodial O/T TOTAL AMOUNT OW	\$54.00 dial Overtime: \$ - /T Salary ASN: Benefits ASN: ED: \$ -
Charge	Charg	Full Charge	Full Charge	Total Billable Cust Custodian Rate \$ - \$ - \$ -	No. of Cust. FINAL INVOICE	(Attached schedule No. of Hours	\$54.00) Total \$ - \$ - \$ -	\$54.00 Total Custor Custodial O/Custodial O/T TOTAL AMOUNT OW	\$54.00 dial Overtime: \$ - /T Salary ASN: Benefits ASN: ED: \$ -
Charge	Charg	Full Charge	Full Charge	Custodian Rate \$ - \$ - \$ - NOTE: PAYMENT: 50% Deposit	No. of Cust. FINAL INVOICE \$ - *R	(Attached schedule No. of Hours WILL REFLECT ACTUAL equired from Class IV G	\$54.00) Total \$ - \$ - \$ -	\$54.00 Total Custor Custodial O/T Custodial O/T TOTAL AMOUNT OW HICH MAY BE HIGHER T	\$54.00 dial Overtime: \$ - /T Salary ASN: Benefits ASN: ED: \$ - THAN QUOTED.
Charge	Charg	Full Charge	Full Charge	Total Billable Cust Custodian Rate \$ - \$ - \$ - NOTE: PAYMENT: 50% Deposit Per Week:	No. of Cust. FINAL INVOICE *R \$ - *R	(Attached schedule No. of Hours WILL REFLECT ACTUAL equired from Class IV G	\$54.00) Total \$ - \$ - \$ - AL HOURS, W	Total Custor Custodial O/T TOTAL AMOUNT OW HICH MAY BE HIGHER 1 Paid in Full \$ -	\$54.00 dial Overtime: \$ - /T Salary ASN: Benefits ASN: ED: \$ - THAN QUOTED.
Charge	Charg	Full Charge	Full Charge	Total Billable Cust Custodian Rate \$ - \$ - \$ - NOTE: PAYMENT: 50% Deposit Per Week: Checks should be n	No. of Cust. FINAL INVOICE \$ - *R \$ - nade payable to "	(Attached schedule No. of Hours WILL REFLECT ACTUA equired from Class IV G Month: Eastpointe Community	\$54.00 Total \$ - \$ - \$ - \$ - Schools" and for	Total Custor Custodial O/T TOTAL AMOUNT OW HICH MAY BE HIGHER T Paid in Full \$ - Quarter: \$ - prowarded to the Office of F	\$54.00 dial Overtime: \$ - /T Salary ASN: Benefits ASN: ED: \$
Charge	Charg	Full Charge	Full Charge	Total Billable Cust Custodian Rate \$ - \$ - \$ - NOTE: PAYMENT: 50% Deposit Per Week: Checks should be n	No. of Cust. FINAL INVOICE \$ - *R \$ - nade payable to "	(Attached schedule No. of Hours WILL REFLECT ACTUA equired from Class IV G Month: Eastpointe Community	\$54.00 Total \$ - \$ - \$ - \$ - Schools" and for	Total Custor Custodial O/T TOTAL AMOUNT OW HICH MAY BE HIGHER 1 Paid in Full \$ -	\$54.00 dial Overtime: \$ - /T Salary ASN: Benefits ASN: ED: \$
Charge	Charg	Full Charge	Full Charge	Total Billable Cust Custodian Rate \$ - \$ - \$ - NOTE: PAYMENT: 50% Deposit Per Week: Checks should be n	No. of Cust. FINAL INVOICE \$ - *R \$ - nade payable to "	(Attached schedule No. of Hours WILL REFLECT ACTUA equired from Class IV G Month: Eastpointe Community	\$54.00 Total \$ - \$ - \$ - \$ - Schools" and for	Total Custor Custodial O/T TOTAL AMOUNT OW HICH MAY BE HIGHER T Paid in Full \$ - Quarter: \$ - prowarded to the Office of F	\$54.00 dial Overtime: \$ - /T Salary ASN: Benefits ASN: ED: \$
Charge	Charg	Full Charge	Full Charge	Total Billable Cust Custodian Rate \$ - \$ - \$ - NOTE: PAYMENT: 50% Deposit Per Week: Checks should be n	No. of Cust. No. of Cust. FINAL INVOICE \$ - *R \$ - nade payable to " on of the ever	(Attached schedule No. of Hours WILL REFLECT ACTUA equired from Class IV G Month: Eastpointe Community	\$54.00 Total \$ - \$ - \$ - \$ - Schools" and for	Total Custor Custodial O/T TOTAL AMOUNT OW HICH MAY BE HIGHER T Paid in Full \$ - Quarter: \$ - prowarded to the Office of F	\$54.00 dial Overtime: \$ - /T Salary ASN: Benefits ASN: ED: \$
Charge	Charg	Full Charge	Full Charge	Total Billable Cust Custodian Rate \$ - \$ - \$ - NOTE: PAYMENT: 50% Deposit Per Week: Checks should be n If the duration	Sodial Hours: No. of Cust. FINAL INVOICE \$ - *R \$ - nade payable to " on of the ever trator/Designee	(Attached schedule No. of Hours WILL REFLECT ACTUAL equired from Class IV G Month: Eastpointe Community : It exceeds the time	\$54.00 Total \$ - \$ - \$ - AL HOURS, W roups \$ - Schools" and for a quoted, add	Total Custor Custodial Or Custodial Or TOTAL AMOUNT OW HICH MAY BE HIGHER TOTAL TOTAL STATE OF THE PROPRESSION OF THE PROPRESSI	\$54.00 dial Overtime: \$ - /T Salary ASN: Benefits ASN: ED: \$ - THAN QUOTED. Year: \$ - Fiscal Services. ges are applicable.
Charge	Charg	Full Charge	Full Charge	Total Billable Cust Custodian Rate \$ - \$ - \$ - \$ - NOTE: PAYMENT: 50% Deposit Per Week: Checks should be n If the duration Signature: Adminis	Sodial Hours: No. of Cust. FINAL INVOICE \$ - *R \$ - nade payable to " on of the ever trator/Designee ALL RENTAL	(Attached schedule No. of Hours WILL REFLECT ACTUA equired from Class IV G Month: Eastpointe Community S nt exceeds the time	\$54.00 Total \$ - \$ - \$ - AL HOURS, W roups \$ - Schools" and for equoted, add Date	Total Custor Custodial O/T Custodial O/T TOTAL AMOUNT OW HICH MAY BE HIGHER T Paid in Full \$ - Quarter: \$ - privarded to the Office of F Iditional hourly charg Signature: Applicant AL SERVICES UPON RECE	station state of the state of t
Charge	Charg	Full Charge	Full Charge	Total Billable Cust Custodian Rate \$ - \$ - \$ - \$ - NOTE: PAYMENT: 50% Deposit Per Week: Checks should be n If the duration Signature: Adminis	Signature of the ever on of the ever on the ever of the ever on the ever of the ever on the ever of the ever on the ever of the ever on the ever of the ever on the ever of the ever on the ever of the ever on the ever on the ever on the ever of the ever on the ever of th	(Attached schedule No. of Hours WILL REFLECT ACTU equired from Class IV G Month: Eastpointe Community: It exceeds the time L REVENUES ARE TO BE st shall carry the signature of	\$54.00 Total \$ - \$ - \$ - AL HOURS, W roups Schools" and for a quoted, add Date SENT TO FISC the individual specific properties.	Total Custor Custodial O/T Custodial O/T TOTAL AMOUNT OW HICH MAY BE HIGHER T Paid in Full \$ - Quarter: \$ - provarded to the Office of F Iditional hourly charge Signature: Applicant AL SERVICES UPON RECE iffically designated or authorized	station state with the state of
Charge	Charg	Full Charge	Full Charge	Total Billable Cust Custodian Rate \$ - \$ - \$ - \$ - NOTE: PAYMENT: 50% Deposit Per Week: Checks should be n If the duration Signature: Adminis Send Original/copies to: 1.Fiscal Svcs. (Original)	FINAL INVOICE \$ - *R \$ - nade payable to " on of the ever trator/Designee ALL RENTAL Note: Every reque the activity planned	(Attached schedule No. of Hours WILL REFLECT ACTU equired from Class IV G Month: Eastpointe Community: It exceeds the time L REVENUES ARE TO BE st shall carry the signature of I. An Indemnification and Hole	Total \$ - \$ - \$ - \$ - \$ - Date SENT TO FISC the individual speed d Harmless Agreer	Total Custor Custodial O/T Custodial O/T TOTAL AMOUNT OW HICH MAY BE HIGHER T Paid in Full \$ - Quarter: \$ - Orwarded to the Office of F Iditional hourly charge Signature: Applicant AL SERVICES UPON RECE iffically designated or authorized ment must also be completed. The	station state with the state of
Charge	Charg	Full Charge	Full Charge	Total Billable Cust Custodian Rate \$ - \$ - \$ - \$ - NOTE: PAYMENT: 50% Deposit Per Week: Checks should be n If the duration Signature: Adminis	Sodial Hours: No. of Cust. FINAL INVOICE \$ - *R \$ - nade payable to " on of the ever trator/Designee ALL RENTAL Note: Every reque the activity planned or designee shall d	(Attached schedule No. of Hours WILL REFLECT ACTU equired from Class IV G Month: Eastpointe Community S It exceeds the time L REVENUES ARE TO BE st shall carry the signature of II. An Indemnification and Hole etermine the adequacy of sup	Total \$ - \$ - \$ - \$ - AL HOURS, W roups \$ - Schools" and for equoted, add Date SENT TO FISC d Harmless Agreer ervision proposed	Total Custor Custodial O/T Custodial O/T TOTAL AMOUNT OW HICH MAY BE HIGHER T Paid in Full \$ - Quarter: \$ - provarded to the Office of F Iditional hourly charge Signature: Applicant AL SERVICES UPON RECE iffically designated or authorized	station state of the administrator or n his/her building. The

NOTE: CUSTODIAL RATES ARE SUBJECT TO CHANGE