

City of Charlotte, 111 E. Lawrence, Charlotte, MI 48813

Application for Use of Camp Frances

Date Requested: _____ Day of Week: M, T, W, TH, F, Sat, Sun

\$50 refundable deposit returned within 48 business hours when you return the completed Camp Frances Check-out cleaning procedures and return of key to City Hall

DO NOT ATTACH anything to interior walls, ceiling, doors, trim, fans or cabinets.

This includes tape, staples, pins, tacks, nails, glue etc.

Single Day Rentals – **Arrival at 11am departing by 10pm** - \$50.00

Overnight Rentals – **Arrival at 11am departing at 10am next day** - \$70.00

Weekend Rentals (Friday to Saturday OR Saturday to Sunday) Arrival at **11am and departing at 10pm next day** - \$110.00

Multiple Weekday Rentals – **11am and departing at 10pm next day** 1st day @ \$70.00 each additional day \$30.00

****Example – Monday – Friday (5 days) = \$190.00 add in Saturday and Sunday (7 days) = \$250.00**

Individual Renter/Organization: _____

Name of Person/Persons Applying: _____

Address: _____

Valid Telephone: Cell: _____

Activity/Event: _____

Expected Number in Attendance: _____

Fee \$50/per day Minimum required. Amount Paid: \$ _____ Receipt No. _____

The applicant agrees to return the Camp Frances facilities to a clean and orderly condition at the end of the activity and pay the cost of repair or replacement of any damage to the facilities or equipment. The City of Charlotte and the Camp Frances Board of Directors shall not be held responsible for damage or loss of materials used or left in the building. The applicant agrees to hold the City of Charlotte and their staff members harmless and blameless for damages. The applicant certifies that he/she has read the Camp Frances instructions and that he/she fully understands these rules and his/her obligations therein.

Signature of Applicant: _____ Date: _____

Driver's License No.: _____ Date of Birth (must be 21 or older) _____

- Copy of ID (**Include w/ application if mailing**)
Staff Use Only Below
- Police Check Complete
- Police Chief Notified of: Rental Date/Name of Renter/Contact Phone
- Check List Given

** Staff Initials: _____

Signature of Person Receiving Keys: _____

Cash or Check # _____ Date Key Out: _____

Staff Witness: _____ Key No. _____

Keys Returned Date: _____ Deposit Returned Date: _____

Staff Initials: _____