## Application for Use of Camp Frances City of Charlotte, 111 E. Lawrence, Charlotte, MI 48813

Date/s Requested:	Day	of	Week:	Μ,	<u>T, \</u>	<u>W, T</u>	Ή, F	Sat	<u>Sun</u>
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\$100 deposit is required and will be returned within 48 business hours when you complete the Camp Frances Check-out cleaning procedures process and return the key to City Hall. <u>Deposit will NOT be refunded if canceling reservation without 48 Hour notice OR No Show.</u> <u>DO NOT ATTACH anything to interior walls, ceiling, doors, trim, fans or cabinets.</u> This includes tape, staples, pins, tacks, nails, glue etc.

- Single Day Rentals Arrival at 11am departing by 9 am next day \$70.00
- 2 day rental such as Friday and Saturday: arrive at 11am Fri., leave by 9 am Sunday = \$120
- 3 day rental such as Friday, Saturday and Sunday: arrive at 11am Friday, leave by 9 am Monday = \$170
- Multiple days during the week: 1st day \$70, each additional day \$50
- Monday through Friday: \$190, add in Sat. and Sun. \$250 total

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Individual Applicant/Organization:		
Name of Person/Persons Applying:		
Address:		
Valid Telephone:	Cell:	
Activity/Event		
Expected Number in Attendance:		
Fee: \$70 Minimum required. Amount Pa	id: \$Receipt No	_
replacement of any damage to the t Directors shall not be held responsi agrees to hold the City of Charlotte certifies that he/she has read the C	and orderly condition at the end of the acfacilities or equipment. The City of Charlot ble for damage or loss of materials used and their staff members harmless and bla amp Frances instructions and that he/she Cancellation notification is required to reconstructions.	tte and the Camp Frances Board or for left in the building. The applican meless for damages. The applican fully understands these rules and
Signature of Applicant:	Date:	
Driver's License No.:	Date of Birth (must l	
<ul> <li>□ Copy of ID (Include w/ application</li> <li>□ Staff Use Only Below</li> <li>□ Police Check Complete</li> <li>□ Police Chief Notified of: Rentation</li> </ul>	tion if mailing)  I Date/Name of Renter/Contact Phone	, <del></del>
□ Check List Given ** Staff Initia		
	ng Keys:	
Cash/ Check Date K	Key Out: Key No	
	Denosit Returned Date:	Staff Initials:
Keys Returned Date:	Deposit Returned Date:	Staff Initials: