Application for Permission to Use Outdoor Facility

Brighton Community Ed
125 S. Church Street
Brighton, MI 48116
810-299-4130

Application must be submitted two weeks before requested date

Date of Application _____

Building Name _____ **Date Received from Applicant** _____

Date(s) Requested _____ **Field Type: Soccer Baseball Football Lacrosse Other**

Days Requested ___Sunday ___Monday ___Tuesday ___Wednesday ___Thursday ___ Friday ___ Saturday

Port-a-Johns needed? _____ **Tents set up?** _____ **Concessions?** _____ **Will there be garbage?** _____

Time Entering Field _____ **Time Exiting Field** _____

Requested By: _____ **Name of Organization** _____

Home Phone _____ **Type of Function** _____

Work/Cell Phone _____ **Exact Time of Event** _____

Email address _____ **Supervisor of Event** _____

Address _____ **Supervisor Cell Phone** _____

City _____ **Admission Charge (if any)** ____ **Size of Participation** _____

State _____ **Zip** _____ **Purpose of Proceeds** _____

Applicant's Signature _____**Date** _____

- **Fees may be charged for extra services such as garbage removal, electricity use, port-a-john rental**
- **Proof of insurance may be required – if required, needs to be provided 10 days prior to event**
- **Fees are not refundable if a 24 hour notice is not given**
- **Non-profit groups must provide 501c3 paperwork**

All entities using BAS facilities agree to abide by the policies and guidelines of BAS as well as any Executive Orders, CDC recommendations, MHSAA guidelines, or local ordinances pertaining to COVID-19.

_____ _____

Approved Athletic Director **Date** **Field Cleared** **Initials** **Date**

_____

Approved Building Administrator **Date**