



Brighton Community Education
125 S. Church Street., Brighton, MI 48116
810-299-4130
fax: 810-299-4148

Application For Permission To Use School Facility

Date of Application _____

Date Rec'd at Community Ed Office _____

Applications must be submitted to Community Ed Office two weeks prior to date requested. Any applications submitted with less than two weeks notice will be returned unprocessed.

Building Name: _____ Room(s): _____

Parking Lot Yes _____ No _____

Day(s) Requested: [] Sunday [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday Date: _____

If more than one day is requested, please list all dates/times on a separate sheet of paper and attach.

Time Entering Building: _____ Time Exiting Building: _____

Requested By: _____ Name of Organization: _____

Home Phone: _____ Type of Function: _____

Work Phone: _____ Exact Time of Event: _____

E-mail Address: _____ Supervisor of Event: _____

Fax Number: _____ Supervisor Home/Bus./Cell Phone: _____

Address: _____ Admission Charge _____ Size of Participation _____

City: _____ State _____ Zip _____ Purpose of Proceeds _____

Applicant's Signature _____ Date _____

- Application fees are nonrefundable
All fees are due thirty (30) days from date of invoice
Fees are not refundable if 24 hours notice not given
Non-profit groups must provide 501c3 paperwork
Proof of Insurance may be required

Requests for Equipment/Services/ Staff: _____

PLEASE PROVIDE A DETAILED SETUP, IF NEEDED.

Comments: _____

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 Administrator _____ Date _____ Room cleared/initials _____ Date _____

Approved BCPA Manager _____ Date _____ Approved _____ Date _____