



# Application For Permission To Use School Facility

Brighton Community Education  
850 Spencer Road, Brighton, MI 48116  
810-299-4130  
fax: 810-299-4148

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved Administrator \_\_\_\_\_ Date \_\_\_\_\_ Room cleared/initials \_\_\_\_\_ Date \_\_\_\_\_

Approved BCPA Manager \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_\_\_ Date \_\_\_\_\_