

**APPLICATION FOR USE OF FACILITY & EQUIPMENT  
EVENT CALENDAR POSTING REQUEST**

**Bedford Public Schools  
Community Education Department  
1623 W. Sterns Road - Temperance, MI 48182  
(734)850-6036 - fax (734)850-6099**

Contact Person \_\_\_\_\_ Phone(     ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Alternate/Cell Phone(     ) \_\_\_\_\_

Client (Organization Name) \_\_\_\_\_  
 Permit (Activity Name)\* \_\_\_\_\_

\*Please use the exact wording that you wish to appear on the school events calendar.

Facility (Building) Requested \_\_\_\_\_  
 Resource (Room(s)) Requested \_\_\_\_\_

Specific Dates Requested (each date MUST be listed)

**\*Please note: Events must be permitted by specific dates and times. BLANKET PERMITS WILL NOT BE APPROVED!**

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

Day(s) of the Week Requested \_\_\_\_\_  
 Approx Number of People(this is required) \_\_\_\_\_

Usage Time Requested      Time In \_\_\_\_\_ am/pm      Time Out \_\_\_\_\_ am/pm  
 Event Time Requested      Start Time \_\_\_\_\_ am/pm      End Time \_\_\_\_\_ am/pm

<b>Comments: (Please include all special set-up arrangements and equipment needed in this area for custodial attention)</b>			
<input type="checkbox"/> Cafeteria Tables w/stools      _____ <input type="checkbox"/> Cafeteria Tables w/o stools      _____ <input type="checkbox"/> Chairs      _____ <input type="checkbox"/> Trash Barrels      _____ <input type="checkbox"/> Risers      _____	<input type="checkbox"/> TV/VCR      _____ <input type="checkbox"/> Overhead Projector      _____ <input type="checkbox"/> Screen      _____ <input type="checkbox"/> Microphone/Podium      _____ <input type="checkbox"/> Others _____		

\*If using the High School Auditorium and Sound/lighting equipment is needed, you must contact the Drama Dept. at 850-6131.  
 \*If kitchen facilities are needed, you must contact the Director of Food Service at 850-6126.

It is the policy of the Bedford Public Schools Board of Education to grant and encourage use of school facilities for programs/activities that might be appropriately conducted on school property for the purpose of education, recreation, and entertainment. Bedford Public Schools reserves the right to revoke the permit at any time.

Responsible party signing below, agrees to indemnify and HOLD HARMLESS Bedford Public Schools Board of Education and their agents and employees from all liability, claims, demands, or costs, for/or arising out of the use of this building under this building permit, whether it be caused by the negligence of indemnitor on Bedford Public Schools Board of Education or either party's agents or employees.

\_\_\_\_\_  
 Responsible Party Signature      Date Signed  
 \_\_\_\_\_  
 Community Education Representative      Date

Office Use Only	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
	<input type="checkbox"/> Approved with Modifications	
	Custodian Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Fees Collected \$ _____	

\*Return completed form to the Community Education office\*