# 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( )_____

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Client (Organization Name)_____
Permit (Activity Name)*_____
*Please use the exact wording that you wish to appear on the school events calendar.

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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

Comments: (Please include all special set-up arrangements and equipment needed in this area for custodial attention)

| | | | |
|---|---|---|---|
| ☐ Cafeteria Tables w/stools | ____ | ☐ TV/VCR | ____ |
| ☐ Cafeteria Tables w/o stools | ____ | ☐ Overhead Projector | ____ |
| ☐ Chairs | ____ | ☐ Screen | ____ |
| ☐ Trash Barrels | ____ | ☐ Microphone/Podium | ____ |
| ☐ Risers | ____ | ☐ 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 aat 850-6126.

It is the policy of the Bedford Public Schools Board of Education to grant and encourage use of school facilities fo rprograms/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*
☐ Approved ☐ Denied
☐ Approved with Modifications
Custodian Needed? ☐ YES ☐ NO
Fees Collected $_____

*Return completed form to the Community Education office*