

FORM FOR USE OF BCEA OFFICE

The _____
(GROUP NAME)

agrees to the terms and conditions for using the BCEA office

for _____
(EVENT)

on _____ from _____ to _____
(DATE) (TIME AM/PM)

The person responsible for using the office and returning
the key if necessary:

PRINT NAME: _____

ADDRESS: _____

School Phone: _____ Home phone: _____

Signature: _____

APPROVED BY BCEA PRESIDENT: _____

DATE: _____

OFFICE USAGE POLICIES (B)

Meetings without refreshments

Please take all materials with you and return furniture to original layout
Complete and sign "Check List for Room Use"

Meetings with refreshments

KITCHEN USE:

1. All utensils, dishes, trays, used must be washed, dried, and put away.
2. Table and counters must be cleared and wiped.
3. All plugs (coffee pots, microwave, toaster oven) pulled out.
4. Remove all trash.
5. ALL SPILLS MUST BE WIPED UP WITH COLD WATER AND REPORTED TO THE OFFICE.

CONFERENCE ROOM:

1. All tables cleared and returned to the original layout. Wipe tables if food was served.
2. Turn off and unplug TV, VCR or any other equipment used. Turn off sound system.
3. Remove all trash.
4. ALL SPILLS MUST BE WIPED UP WITH COLD WATER AND REPORTED TO THE OFFICE.

COMPLETE & SIGN "CHECK LIST FOR ROOM USE" form

TURN OFF LIGHTS -

**In winter - LOWER THERMOSTAT TO 60 -
In summer - RAISE THERMOSTAT TO 80 -**

LOCK ALL DOORS -

**IF ANY DAMAGE OCCURS, THE ASSOCIATION USING THE OFFICE
SHALL BEAR THE EXPENSES FOR REPAIR OR REPLACEMENT.**

THANK YOU VERY MUCH FOR YOUR COOPERATION

Revised: February 6, 1989; March 2001
Reviewed: January 1996