

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 following the terms and conditions for using the BCEA office:

PRINT NAME: _____

ADDRESS: _____

School Phone: _____ Home Phone: _____

Signature: _____

APPROVED BY BCEA PRESIDENT: _____

Date: _____