



ROOM USE REQUEST

_____ requests the use of the BCEA
Office (*Conference Room and Kitchen only*)

Event _____

Date of Event: _____ Time of Event: _____

Contact Person: _____

Address: _____

Cell Phone: _____ Email: _____

Signature: _____

(By signing, you agree to the terms and conditions for using the facilities at the BCEA Office. Return entire form to BCEA Office a minimum of two (2) weeks prior to event)

This portion completed by the BCEA Office:

Approval Granted

Approval Denied Reason: _____

BCEA President: _____ Date: _____

BCEA Officer in charge: _____

CHECKLIST FOR ROOM USE

*To be completed and signed by the person in charge, before leaving the building.
Give to the BCEA officer in charge.*

Group Name: _____ Date: _____

KITCHEN USE:

- All utensils, dishes, trays, used must be washed, dried, and put away.
- Table and counters must be cleared and wiped with soapy water.
- Unplug coffee pots.
- Turn off lights and fan.
- Close doors between conference room and kitchen.
- Remove all trash to the dumpsters in the parking lot. Bottles, cans, and cardboard should be separated and put in the recycle dumpster.
- Remove all food that was brought into the office.

CONFERENCE ROOM:

- Tables & chairs must be kept in their original position. Do not rearrange the room unless prior permission has been granted. If rearranged, room must be put back to original configuration before leaving.
- All chairs must be returned to their original position under the tables.
- Wipe down tables with soapy water if food was served.
- Any spills on the carpet must be blotted up with cold water and reported to the office so the stain can be treated.
- Vacuum rug if needed.
- Remove all trash to the dumpsters in the parking lot. Bottles, cans and cardboard should be separated and put in the recycle dumpster.
- Turn off all lights & fans.
- Adjust thermostat: In winter - lower thermostat to 60°; In summer - raise thermostat to 80°

IF ANY DAMAGE OCCURS TO THE ROOM OR EQUIPMENT, THE GROUP USING THE OFFICE SHALL BEAR THE EXPENSES FOR REPAIR OR REPLACEMENT.

Signature of the person in charge: _____

(By signing, you agree that the terms and conditions for using the facilities at the BCEA Office have been completed as described.. Return this form to the BCEA Officer in charge.)