



FACILITY REQUEST

835 W. GENESEE

LANSING MI 48915

PHONE: (517) 487-3775 FAX: (517) 487-0844

BCFI.ORG 1MFORMED@BCFI.ORG

Name of Organization/Agency _____	
Address _____	Work Phone () _____
City _____ State _____ Zip _____	Home Phone () _____
Name of Representative _____	
Explain Activity/Service (Purpose, Objective) _____	
Is your Organization non-profit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this meeting or activity open to the public? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Estimated Attendance _____	Will food be served/catered? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a donation or fee being charged to participate? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____	
Kitchen? Yes <input type="checkbox"/> No <input type="checkbox"/> Requested Room(s) _____	
Starting Date _____ Time _____ am pm	Closing Date _____ Time _____ am pm
Indicate which days are being requested:	
Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	
Is this a reoccurring activity? Yes <input type="checkbox"/> No <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>	
Is the Black Child and Family Institute to arrange set-up and clean-up? Yes <input type="checkbox"/> No <input type="checkbox"/>	
The Undersigned agrees to be responsible for the conduct of the group using the facility and for any building damages that may occur. The Undersigned also agrees to sign and honor the BCFI Facility Use agreement, and pay the agreed upon fees in accordance with the Facility Use Agreement.	
Applicant's Signature _____	Date _____
FOR OFFICE USE ONLY	
Date Request Received _____	Received by _____
Approved By _____	_____
Signature	Date
Room(s) assigned: _____	_____
Date(s) assigned (if different than above) _____	_____
Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	If denied, state reason(s) _____

