

**Application to Use Bradford Academy Building Public Spaces**  
**PO Box 339, 172 North Main Street, Bradford, VT 05033**  
Academy Building Contact: Claude Ciurleo  
Phone (802) 222-4727x305 Fax (802) 222-3520

Applicant (organization or individual – please print clearly)

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Date of Application: \_\_\_\_\_ 20\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date(s) and Time(s) needed:  
From: \_\_\_\_\_ To: \_\_\_\_\_

Event/Proposed Use: \_\_\_\_\_

Number of People Expected: \_\_\_\_\_

**Space Requirements: (See Regulations and Check Correct Box)**

- Auditorium (Capacity Limit: 295 Persons)
- Stage
- Conference Rooms
- Corridor Exhibition Space
- Gymnasium

**Equipment Requested:**

- Extra Tables      How many: \_\_\_\_\_
  - Extra Chairs      How many: \_\_\_\_\_
  - Other Equipment Requested: \_\_\_\_\_
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Special set up instructions:

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Contact Person(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_

**Accountable Supervisor(s) who will be ON SITE:** \_\_\_\_\_

The capacity limit (295) of the Auditorium will not be exceeded. I have read and understand the Bradford Academy Regulations and will abide by them.

\_\_\_\_\_  
(Signature of Applicant or signing on behalf of Applicant)

\_\_\_\_\_  
Date

**To be filled out by Custodian**

- Requires Selectboard Approval  
Approved By the Selectboard on: \_\_\_\_\_
  
- Fee Waived

Use of the BA Building # of days \_\_\_\_\_ times \$50.00 per day    \$ \_\_\_\_\_

Maintenance/Coverage # of hours \_\_\_\_\_ times \$18.00 per hour    \$ \_\_\_\_\_

\$1.00 per person donation for Gym Use    \$ \_\_\_\_\_

Other Charges: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL FEES**    \$ \_\_\_\_\_

Date Invoice Mailed: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Key # \_\_\_\_\_ Assigned to: \_\_\_\_\_

Assigned by: \_\_\_\_\_

Key returned on: \_\_\_\_\_

Statement on Liability for damage to building (or injuries):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Custodian Signature

\_\_\_\_\_  
Date