

SUMMERSET AT BRENTWOOD II
INSTRUCTIONAL USE APPLICATION

Thank you for your interest in offering a class in Summerset II. Please complete this form and return it to the Office Administrator (OA.) You will be notified as soon as practicable if your application has been approved or denied by the Board of Directors (BOD.)

Date submitted _____ Instructor Name _____

Address _____

Phone _____

Email _____

Title and Description of class _____

_____ Number of classes (Ex. 3x/wk, 1x/wk, etc.)

Cost \$_____ for _____ classes or \$_____ for each drop-in

Certifications required to teach class _____

Class Location Ballroom Craft Room Kitchen Library Billiard Room Gym

See Office Administrator if use of other area is requested.

Month(s) Offered _____ Day(s) Offered _____

Start Time _____ End Time _____ Required Number of Attendees _____

Describe any special equipment requested _____

INSURANCE—Instructor must provide a Certificate of Limited Liability insurance.

Date _____ Instructor Signature _____

For Association Use Only

Date _____ Approved _____

_____ Denied Reason: _____

Board of Directors signature _____