

Applicant: Must complete Parts A and B,
 highlighted Part C and sign Part E
**FORWARD COMPLETED APP IN
 TRIPLICATE (3) TO SCHOOL ATLEAST
 3 WEEKS PRIOR TO EVENT**
School Based: Review Parts A, B and C,
 complete Part D and sign Part E
**FORWARD TO OPERATIONS
 DIVISION/CENTRAL OFFICE**

**Application for Use of School Facilities
 Harford County Public Schools
 102 S. Hickory Avenue
 Bel Air, Maryland 21014**

2008-2009 Application

For Operations Office Use Only Appl. Receipt Date _____
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(A)

NAME OF USING GROUP					Application Date:				
DETAILED DESCRIPTION OF ALL ACTIVITIES INVOLVED AND ALL OUTSIDE PARTIES INVOLVED. (attach additional sheet, if necessary)									
USER GROUP CATEGORY (see Policy & Procedures)		A	B	C	D	WHO IS SPONSORING THIS EVENT ___ SCHOOL ___ PTA ___ OTHER			
INSURANCE: If approved, you will be notified to provide a Certificate of Insurance: See Procedures					INSURANCE TIERS (Office use)	TIER 1	TIER 2	TIER 3	TIER 4
SCHOOL REQUESTED FOR USE					ROOM(S) BEING USED:				
PERSON REPRESENTING GROUP (please print)					ADDRESS OF APPLICANT (please print)				
HOME PHONE		CELL PHONE		BUSINESS PHONE		FAX #			
E-MAIL ADDRESS				DATE: START END		TIME: include set-up and clean-up START: FINISH:			
WILL FOOD OR BEVERAGE BE SERVED? ___ YES ___ NO					IS AN ADMISSION FEE CHARGED? ___ YES (how much \$ _____) NO ___				
*If YES, provide details		Will you be using a private Vendor? Yes ___ No ___ if Yes, name of Vendor _____							
		Will you be using HCPS Food & Nutrition for food and/or kitchen? Yes ___ No ___							
*HEALTH DEPT. PERMIT MAY BE REQUIRED - SEE PROCEDURES FOR DETAILS					NO HOME PREPARED FOODS PERMITTED				

(B)

DATES OF USE (indicate month/day for each day of use)	YEAR FROM 200__ TO 200__							NUMBER OF PERSONS EXPECTED _____					
	DAY	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE
SATURDAY													
SUNDAY													
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
												TOTAL DAYS:	

THIS APPLICATION DOES NOT HAVE FINAL APPROVAL UNTIL SIGNED OFF BY ASSISTANT SUPERINTENDENT FOR OPERATIONS

INDICATE BELOW TIMES AND HOURS OF USE EACH DAY (include AM or PM) *** (All fees are for 4-hour blocks with the exception of the Admin Fee)
 (include set-up and any clean-up needed in times of use) (Admin Fee only charged one time, per school year)

TYPE OF ROOM	TIMES		NUMBER OF		RENTAL	ADMIN	OPERATION	SPECIAL	RENTAL/OP		
	START	FINISH	HOURS	DAYS	FEES	FEE	FEES	FEE		TOTAL	
CLASSROOM					\$25.00	\$20.00	\$3.00				
ATHLETIC FIELD					\$75.00	\$20.00	\$0.00				
MULTI-PURPOSE/CAFÉ (HIGH)					\$125.00	\$20.00	\$15.50				
MULTI-PURPOSE/CAFE (MIDDLE)					\$100.00	\$20.00	\$10.50				
MULTI-PURPOSE/CAFE (ELEMENTARY)					\$75.00	\$20.00	\$6.00				
(C) GYMNASIUM (HIGH)					\$200.00	\$20.00	\$20.00				
GYMNASIUM (MIDDLE)					\$175.00	\$20.00	\$18.00				
GYMNASIUM (ELEMENTARY)					\$150.00	\$20.00	\$15.50				
MEDIA CENTER (HIGH)					\$100.00	\$20.00	\$12.00				
MEDIA CENTER (MIDDLE)					\$75.00	\$20.00	\$9.50				
MEDIA CENTER (ELEMENTARY)					\$50.00	\$20.00	\$7.00				
KITCHEN					\$75.00	\$20.00	\$7.00				
AUDITORIUM					\$250.00	\$20.00	\$30.00				
PARKING LOT					\$25.00	\$20.00	N/A				
POOL					\$200.00	\$20.00	\$31.00				
EQUIPMENT					\$25.00	\$20.00	\$0.00				
OTHER:											
								ESTIMATED TOTAL:			

CUSTODIAL/SUPERVISORY	TECHNICAL PERSONNEL	NUMBER OF HOURS
PERSONNEL REQUIRED (FEE \$18-\$30/HR)	REQUIRED (FEE \$25/HR)	

If this is a school sponsored event, who should be billed for the custodial or technical support overtime?

It is your responsibility to read the Policy and Procedures before signing this application.

I, the undersigned, certify the facility will be used exactly as described on this application and any alterations to that use must receive prior approval by the building principal. I am authorized to sign this contract on behalf of the using group, have read and fully comprehend all fees, rules and regulations as contained in the Use of Facility Policy and Procedures associated with the community's use of schools and agree to indemnify, save harmless and defend the County, the Board of Education, the individual members thereof, and any school or Community Use of Public Facilities officials or employees from any loss, cost, damage, claim or other expense suffered or incurred that may arise during or be caused in any way by such use or occupancy of school property, including any loss or injury of any kind alleged to be the result of any negligence by Harford County, the Harford County Board of Education, or any of its agents, employees or officials. In the event Harford County Public School property loss in incurred as a result of the use of the facility, the amount of damage shall be decided by the principal and the Assistant Superintendent for Operations. The user and applicant shall be charged accordingly. **I, also, understand and agree that I am personally responsible and liable for all fees/expenses incurred as a result of the use of the facility which is the subject of this application.**

Signature of Applicant* _____ Date _____

* Prior to the actual use of this facility, the applicant shall provide the name or names of supervisory personnel of the organization that will be on duty at the time of this event.

Signature of Principal or Designee _____ Date _____

Signature of Assistant Superintendent for Operations _____ Date _____