

Harford County Public Schools  
 A.A. Roberty Building  
 102 S. Hickory Avenue  
 Bel Air, Maryland 21014

**Directions for Use:** Complete all parts – **This form DOES NOT apply to Boosters, PTA**

THIS FORM SHOULD BE SUBMITTED BY A **SCHOOL** WHEN:

- The activity is a **SCHOOL SPONSORED EVENT ONLY** (i.e. Club Activities, Dances, Drama Productions, or School Fundraisers)
- or - The activity will require **custodial overtime**

or - The activity will take place **beyond regular school hours**

Appl. Receipt Date:

SCHOOL NAME:		DATE:		
Date(s) of Use:	Time of Activity: Start:	Organization/Sponsor:	WILL FOOD BE SERVED (give details)	IS CUSTODIAL OVERTIME INVOLVED?
Room(s) being used:	End:	Activity being held:	Will you use Food Services? Yes___ No ___  <i>Health Dept. Permit may be required</i>	<b>IF YES, NAME OF PERSON RESPONSIBLE FOR INVOICE?</b>
Date(s) of Use:	Time of Activity: Start:	Organization/Sponsor:	WILL FOOD BE SERVED (give details)	IS CUSTODIAL OVERTIME INVOLVED?
Rooms being used:	End:	Activity being held:	Will you use Food Services? Yes___ No ___  <i>Health Dept. Permit may be required</i>	<b>IF YES, NAME OF PERSON RESPONSIBLE FOR INVOICE?</b>
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Rooms being used:	End:	Activity being held:	Will you use Food Services? Yes___ No ___  <i>Health Dept. Permit may be required</i>	<b>IF YES, NAME OF PERSON RESPONSIBLE FOR INVOICE?</b>

UOF Coordinator's Signature/Date

Cornell S. Brown, Jr., Assistant Superintendent for Operations/Date