## THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM

Office of Community Services ♦ 10910 Route 108 ♦ Ellicott City, MD 21042 ♦ Phone 410.313.6750 ♦ Fax 410.313.5611

## **Application for Use of School Facilities**

School Requested		Name of Organization								
Date(s) of Use	Time	Time of Use			Check Day(s) Requested					
From To	From	To	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	
/ /20 / /20_	□ am □ pm									
Comments:			Part	icipatio	ı/Admi	ission I	Fee: □ 1	NO 🗆	YES	
$\Box$ Other_	or (Specify Field)	nber of Roor	ns)						Ec	
Description of Activity:			Estilla	ieu Aiie	nuance	=				
<b>Heating:</b> □ NO □ YES <b>Coo</b>	oling: 🗆 NO 🗆 YE	S Please	note: There	are fees	associa	ted wit	h this se	rvice.		
TOTAL DI CO LO DA ( )	Ti	me(s)	Loc	cation(s)						
If Yes, Please Specify: Date(s)										
-		TION								
ORGANIZATION / GRO	OUP INFORMA		none.	Billi	ng Inf	<u>ormat</u>	tion * <i>R</i>	eguir	red*	
-	OUP INFORMA	ATION  Day Time Ph	none	Billin	ng Inf	ormat	tion *R	<u>Lequir</u>	red*	
ORGANIZATION / GRO	OUP INFORMA		none Zip Code	Billin	ng Inf	ormat	tion *R	equir .	ed*	
ORGANIZATION / GRO	OUP INFORMA	Day Time Ph		Name			tion *R	equir <u></u>	red*	
ORGANIZATION / GRO Officer of Organization Mailing Address	OUP INFORMA	Day Time Ph		Name	ng Inf		tion *R	equir <u></u>	red*	
ORGANIZATION / GRO Officer of Organization  Mailing Address  E-Mai In submitting this application, I ha	City  il Address  ve read and agree on	Oay Time Ph State behalf of my	Zip Code	Name			tion *R		code	
ORGANIZATION / GRO Officer of Organization Mailing Address E-Mai	City  il Address we read and agree on the Howard County I	State  behalf of my	Zip Code  y ol Systems	Name Billing City			State	Zip		
Officer of Organization  Mailing Address  E-Mai In submitting this application, I has organization to comply fully with the organization to comply fully with the organization of the orga	City  il Address we read and agree on the Howard County If Failure to comply with	State  State  behalf of my Public School	Zip Code  y ol Systems named Policy	Name			State			
Officer of Organization  Mailing Address  E-Mai  In submitting this application, I ha organization to comply fully with a Use of Facilities – Policy 10020. F	City  il Address  we read and agree on the Howard County If a comply with a gree result in cancellation.	State  State  behalf of my Public Schoo h the above 1	Zip Code  y ol Systems named Policy proved permit	Name Billing City			State	Zip		
Officer of Organization  Mailing Address  E-Mail In submitting this application, I has organization to comply fully with the Use of Facilities – Policy 10020. Forcedures will among other thing	City  City  il Address  we read and agree on the Howard County If a comply with the series of the comply with the complex comp	State  State  behalf of my Public School h the above it on of my app	Zip Code  y ol Systems named Policy roved permit ng, & energy	Name Billing City Phone	g Addre	ess	State E-	Zip -Mail	code	
Officer of Organization  Mailing Address  E-Mai  In submitting this application, I ha organization to comply fully with the Use of Facilities – Policy 10020. For Procedures will among other thing for use of school property. I, the use	City  City  il Address  we read and agree on the Howard County I failure to comply with a result in cancellation ser am aware that built my organization to a ser any organiza	State  State  behalf of my Public Schoo h the above ron of my app ilding, staffirexecute their	Zip Code  y ol Systems named Policy roved permit ng, & energy r use. I also une	Name Billing City Phone	g Addre	ess	State E-	Zip -Mail	code	
Officer of Organization  Mailing Address  E-Mai  In submitting this application, I ha organization to comply fully with the Use of Facilities – Policy 10020. For Procedures will among other thing for use of school property. I, the use fees may be applicable in order for the organization to comply fully with the Use of Facilities – Policy 10020. For the use of school property. I, the use fees may be applicable in order for the organization.	City  City  il Address  we read and agree on the Howard County I failure to comply with a result in cancellation ser am aware that built my organization to a ser any organiza	State  State  behalf of my Public Schoo h the above ron of my app ilding, staffirexecute their	Zip Code  y ol Systems named Policy roved permit ng, & energy r use. I also une	Name Billing City Phone	g Addre	ess	State E-	Zip -Mail	code	