

HOWARD COUNTY PUBLIC SCHOOL SYSTEM USE OF SCHOOL FACILITIES

CANCELLATION/CHANGE FORM

(CIRCLE ONE)

PERMIT NUMBER _____

ORGANIZATION SCHEDULED FOR USE OF FACILITY _____

CONTACT PERSON _____

TYPE OF EVENT _____

AREA(S) TO BE USED _____

LENGTH OF SUSPENSION: DATES: FROM _____ TO _____

HOURS: FROM _____ TO _____

REASON FOR SUSPENSION _____

PLEASE INDICATE ALTERNATE AREA _____

SUBMITTED BY _____ SCHOOL _____

DATE _____

cc: **USE OF SCHOOL FACILITIES**

PRINCIPAL, SCHOOL

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ADDITIONAL NOTES: