

HOWARD COUNTY PUBLIC SCHOOL SYSTEM USE OF SCHOOL FACILITIES

CAFETERIA SERVICES REQUEST

(Please refer to Policy – Use of School Facilities by Non School Groups, and to Guidelines for Auditorium Use by Non School Groups for overall regulations)

SCHOOL REQUESTED _____ **PERMIT NUMBER** _____

ORGANIZATION: _____

CONTACT PERSON: _____

PHONE: _____ (HOME) _____ (BUSINESS)

ACTIVITY DESCRIPTION: _____ BREAKFAST _____ LUNCH _____ DINNER

FOOD PROVIDED BY: _____

HOWARD COUNTY HEALTH DEPARTMENT LICENSE NUMBER _____

DISHWASHER NEEDED: _____ YES _____ NO

DATE(S): _____ TO _____ HOURS: _____ TO _____

NUMBER OF STAFF NEEDED: _____

NATURE OF STAFF DUTIES: _____

SPECIAL REQUIREMENTS: _____

SUBMITTED BY: _____ DATE: _____

FOOD SERVICES ONLY

DATE RECEIVED _____ REVIEWED BY _____

APPROVED _____ DISAPPROVED _____

COMMENTS: _____

OFFICE OF COMMUNITY SERVICES

COMMENTS: _____

SIGNATURE _____

APPROVED _____ DISAPPROVED _____ DATE _____