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 __________________________

DISSHASHER 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 ______________

REV5/2014

10910 Route 108 • Ellicott City, Maryland 21042 • 410.313.6600 • www.hcpss.org