

**2011-2012 Application - A**

**Application for Use of School Facilities by Outside Groups**

For Operations Office Use Only  
 Appl. Receipt Date:

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

**Directions for Use:** Applicant should review Procedures *before* completing UOF application. Complete all parts and forward completed **SIGNED** application **IN TRIPPLICATE** to the school of choice. School Administrator will approve, or reject, and forward (approved application only) to the OFFICE OF OPERATIONS.

**THIS APPLICATION DOES NOT HAVE FINAL APPROVAL UNTIL SIGNED OFF BY ASSISTANT SUPERINTENDENT FOR OPERATIONS**

NAME OF USING GROUP:		SCHOOL REQUESTED FOR USE:			APPLICATION DATE:	
DETAILED DESCRIPTION OF ALL ACTIVITIES INVOLVED (attach additional sheet, if necessary) PTA Spring Events MUST include list of all games.		WHO IS SPONSORING THIS EVENT? PTA <input type="checkbox"/> BOOSTER <input type="checkbox"/> OTHER <input type="checkbox"/>			DATE(S) OF USE:	
		WHO SHOULD BE INVOICED FOR ANY FEES, if applicable (Rental, Custodial, Other):			START DATE:                      END DATE:	
DESIGNATED REPRESENTATIVE:		ADDRESS:			HOME PHONE:	
ON-SITE REPRESENTATIVE:					CELL PHONE:	
EMAIL ADDRESS (please provide):		CITY:	STATE:	ZIP:	BUSINESS PHONE:	FAX #:

IS AN ADMISSION FEE BEING CHARGED FOR THIS EVENT? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, how much?	ARE YOU ENDORSING AN ATHLETIC ACTIVITY? YES <input type="checkbox"/> NO <input type="checkbox"/>
IS THIS A FUNDRAISER FOR THIS USING GROUP? YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>IF YES, APPLICANT MUST COMPLY WITH HOUSE BILL 858/STATE BILL 771 ON CONCUSSION AWARENESS.</b>
DO YOU CURRENTLY HAVE A PARTNERSHIP WITH THE SCHOOL BEING REQUESTED FOR USE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>APPLICANT SHALL PROVIDE INFORMATION ON CONCUSSIONS TO PARTICIPANTS. APPLICANT MUST HAVE PROOF OF RECEIPT FROM PARENTS/GUARDIANS.</b>
<b>ALL PARTNERSHIPS MUST BE DOCUMENTED AND SUBMITTED WITH APPLICATION.</b>	

WILL FOOD OR BEVERAGE BE SERVED? YES <input type="checkbox"/> NO <input type="checkbox"/>	WILL YOU BE USING HCPS FOOD & NUTRITION FOR FOOD AND/OR KITCHEN USE? YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>IF YES, PROVIDE DETAILS:</b>	
<b>*HEALTH DEPT. PERMIT MAY BE REQUIRED. IT IS THE USING GROUPS' RESPONSIBILITY TO CALL AND VERIFY IF NEEDED (410-838-1500). NO HOME PREPARED FOODS PERMITTED</b>	WILL YOU BE USING A PRIVATE VENDOR? YES <input type="checkbox"/> NO <input type="checkbox"/>
	<b>IF YES, NAME OF VENDOR:</b>

DATES OF USE (Indicate month/day for each day of use)      **NUMBER OF PERSONS EXPECTED:** \_\_\_\_\_      **TOTAL DAYS OF USE:** \_\_\_\_\_

DAY	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE
SATURDAY												
SUNDAY												
MONDAY												
TUESDAY												
WEDNESDAY												
THURSDAY												
FRIDAY												

USER GROUP CATEGORY (see Procedures)	A <input type="checkbox"/> Activities and groups directly affiliated with BOE    A-1 <input type="checkbox"/> Town of BA    A-2 <input type="checkbox"/> HCC/Amoss Ctr	C <input type="checkbox"/> County Govn't; Govn't Agencies; HCC, youth organizations
	B <input type="checkbox"/> Activities directly associated with Parks & Recreation	D <input type="checkbox"/> Non-profit Org (not under HCCAB or P&R) civic, adult rec and religious groups
<b>INSURANCE REQUIREMENT:</b> If approved, you will be notified to provide a Certificate of Insurance under the requirements and wording of the Supervisor of Risk Management. Failure to submit this document could result in activity being taken off school calendar.		E <input type="checkbox"/> Commercial (public meetings only), private schools

INDICATE BELOW TIMES AND HOURS OF EACH DAY (include AM or PM)  
 (include set-up and any clean-up needed in times of use)  
 \*ARTIFICIAL TURF RENTALS GO THROUGH DEPARTMENT OF PARKS & RECREATION

Fees - Minimum rental 4 hours; additional fees assessed in 1-hr increments; fraction of hours not pro-rated.  
**Administrative fee charged one time per application.**  
 Fees listed are per-hour rates

TYPE OF ROOM	TIMES		NUMBER OF		ELEM Fee	MIDDLE Fee	HIGH Fee	HARFORD GLEN Fee	ADMINISTRATIVE Application Fee	TOTAL
	Start	Finish	Hours	Days						
Athletic Field* (turf w/lights)					----	----	\$100.00	----	\$25.00	
Athletic Field* (artificial turf)					----	----	\$80.00	----	\$25.00	
Athletic Field* (natural turf)					\$25.00	\$25.00	\$25.00	---	\$25.00	
Auditorium					----	----	\$75.00	----	\$25.00	
Band Room					----	\$30.00	\$30.00	----	\$25.00	
Black Box Theatre					----	\$60.00	\$60.00	----	\$25.00	
Choral Room					----	\$30.00	\$30.00	----	\$25.00	
Classroom					\$10.00	\$15.00	\$15.00	\$10.00	\$25.00	
Community Room					\$15.00	\$15.00	\$15.00	----	\$25.00	
Dining Hall					----	----	----	\$30.00	\$25.00	
Dormitory					----	----	----	**	\$25.00	
Dressing Room					----	----	\$10.00	----	\$25.00	
Equipment Rental					\$10.00	\$10.00	\$10.00	\$10.00	\$25.00	
Faculty Room					\$10.00	\$10.00	\$10.00	----	\$25.00	
Gymnasium					\$40.00	\$50.00	\$60.00	----	\$25.00	
Kitchen					\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	
Media Center					\$25.00	\$25.00	\$30.00	----	\$25.00	
Multi-Purpose/Cafeteria					\$30.00	\$30.00	\$40.00	----	\$25.00	
Parking Lot					\$10.00	\$10.00	\$10.00	----	\$25.00	
Pavilion					\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	
Planetarium					----	\$25.00	\$25.00	----	\$25.00	
Swimming Pool					----	\$100.00	----	----	\$25.00	
Wrestling Room					----	----	\$30.00	----	\$25.00	
Other										

\*\*Per person rate for Harford Glen dormitory rental \$10/night for students; \$15/night for non-students

<p><b>CUSTODIAL PRESENCE IN BUILDING IS REQUIRED. A CUSTODIAN IS PAID AT TIME AND A HALF THEIR RATE OR PAY plus employer's portion of FICA and Worker's Comp. AN INVOICE WILL BE SENT TO YOU AFTER EVENT, if applicable).</b></p> <p>CUSTODIAL PERSONNEL REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>ESTIMATED HOURS:</p> <p>WHAT SPECIAL SET-UP IS REQUIRED FOR ROOM?</p>	<p><b>TECHNICAL SUPPORT PERSONNEL MAY BE REQUIRED FOR AUDI/VISUAL EQUIPMENT OPERATION AT YOUR EVENT. TECHNICAL SUPPORT STAFF ARE PAID A FLAT \$25/HOUR plus employer's portion of FICA and Worker's Comp. AN INVOICE WILL BE SENT TO YOU AFTER THIS EVENT (if applicable).</b></p> <p>TECHNICAL SUPPORT STAFF REQUIRED: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>ESTIMATED HOURS:</p> <p>ANY SPECIAL NEEDS REQUIRED (audio, visual, podium, etc.)</p>
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I, the undersigned, certify the facility will be used exactly as described on this application and any alterations to that use must receive prior approval by the building Principal (or designee). I am authorized to sign this contract on behalf of the using group, have read and fully comprehend all fees, rules and regulations as contained in the Use of Facility Policy and Procedures associated with the community's use of schools and agree to indemnify, save harmless and defend the County, the Board of Education, the individual members thereof, and any school or Community Use of Public Facilities officials or employees from any loss, cost, damage, claim or other expense suffered or incurred that may arise during or be caused in any way by such use or occupancy of school property, including any loss or injury of any kind alleged to be the result of any negligence by Harford County, the Harford County Board of Education, or any of its agents, employees or officials. In the event of Harford County Public Schools property loss is incurred as a result of the use of the facility, the amount of damage shall be decided by the Principal (or designee) and the Assistant Superintendent for Operations. The use and applicant shall be charged accordingly. **I, also, understand and agree that I am personally responsible and liable for all fees/expenses incurred as a result of the use of the facility which is the subject of this application.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Principal or Designee \_\_\_\_\_

Date \_\_\_\_\_

Signature of Assistant Superintendent for Operations \_\_\_\_\_

Date \_\_\_\_\_