

HARFORD COUNTY PUBLIC SCHOOLS
APPLICATION FOR USE OF HCPS FACILITY
 For use by Schools and HCPS Departments

For Operations Office Use Only
 Appl. Receipt Date:

Directions for Use: For use by ALL schools and departments per Use of Facilities Procedures; NOT FOR USE BY PTA'S OR BOOSTERS.

Must be signed by UOF Coordinator; Submit in TRIPLICATE to Office of Operations

ONE BOX PER EVENT

Name of School/Club/Dept:				Name of School/Club/Dept:			
School Requested:				School Requested:			
Dates of use:		Total Number of Days of Use:		Dates of use:		Total Number of Days of Use:	
Time: Start:	End:	Room:		Time: Start:	End:	Room:	
Activity:				Activity:			
Will food be served? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what will be served?				Will food be served? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what will be served?			
Are you using HCPS Food Services <input type="checkbox"/> or Outside Caterer <input type="checkbox"/>				Are you using HCPS Food Services <input type="checkbox"/> or Outside Caterer <input type="checkbox"/>			
Is Custodial overtime involved? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name of person responsible for the overtime invoice:				Is Custodial overtime involved? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name of person responsible for the overtime invoice:			
Applicant's signature:		Date:		Applicant's signature:		Date:	
Name of School/Club/Dept:				Name of School/Club/Dept:			
School Requested:				School Requested:			
Dates of use:		Total Number of Days of Use:		Dates of use:		Total Number of Days of Use:	
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Applicant's signature:		Date:		Applicant's signature:		Date:	

UOF COORDINATOR SIGNATURE: _____ DATE: _____ REV'd BY OPERATIONS: _____ DATE: _____