

**BALTIMORE COUNTY PUBLIC SCHOOLS**  
**Application for Use of School Facilities**

**RULE 1300, Form A**

All groups and organizations must complete this application for use of facilities and/or grounds for each planned activity or event. A completed application must be submitted a minimum of 45 days prior to the proposed activity/event.

**NAME OF GROUP/ORGANIZATION – COMPLETE LEGAL NAME, NO ABBREVIATIONS**

\_\_\_\_\_

**TYPE OF GROUP/ORGANIZATION – CHECK ONE**

- |  |  |
|--|--|
| <input type="checkbox"/> BCPS sponsored activity/event   | <input type="checkbox"/> Child Care Program              |
| <input type="checkbox"/> PT(S)A business meeting, educational program, or other PT(S)A-sponsored event | <input type="checkbox"/> County, state or federal agency |
| <input type="checkbox"/> Baltimore County Rec & Parks  | <input type="checkbox"/> Other (please identify): _____  |
| <input type="checkbox"/> CCBC continuing education programs  |  |

PERSON RESPONSIBLE FOR ACTIVITY / EVENT	ADDRESS & EMAIL	PHONE
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**DESCRIPTION OF PROPOSED ACTIVITY**

Provide brief written description:

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PURPOSE AND HISTORY	FOOD SERVICE AND VENDORS	ATTENDANCE, INSURANCE, AND PERMITS
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<p>The primary purpose of this activity is to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hold a meeting</li> <li><input type="checkbox"/> Provide educational enrichment</li> <li><input type="checkbox"/> Provide childcare</li> <li><input type="checkbox"/> Support community recreation &amp; well being</li> <li><input type="checkbox"/> Provide school/community entertainment</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p>The organization has held this activity at a BCPS facility in the past:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul> <p>If yes, please list most recent occurrence (month(s)/year(s)) and location (name of BCPS school(s)):</p> <p>_____</p> <p>The organization has held this activity at another location (non-BCPS) in the past. Please list most recent occurrence and location: _____</p> <p>_____</p> <p>_____</p>	<p>Food and/or beverages will be offered as follows (check all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Restaurant/store bought prepared packaged food/beverages</li> <li><input type="checkbox"/> Prepared by a licensed vendor off-site and catered <ul style="list-style-type: none"> <li><input type="checkbox"/> County Health Department vendor license is attached</li> </ul> </li> <li><input type="checkbox"/> Prepared by a licensed vendor on-site and catered <ul style="list-style-type: none"> <li><input type="checkbox"/> County Health Department vendor license is attached</li> </ul> </li> <li><input type="checkbox"/> No food involved</li> <li><input type="checkbox"/> Kitchen space (note: must be approved in advance by the Office of Food and Nutrition Services) <p>Specify use: _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> County Health Department vendor license is attached</li> </ul> </li> </ul> <p>We anticipate using the services of a third party:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Food vendor(s)</li> <li><input type="checkbox"/> Furniture/equipment rental service</li> <li><input type="checkbox"/> Paid entertainment</li> <li><input type="checkbox"/> Promoter, event organizer/host</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p>Anticipated attendance (if over 50, applicant must provide documentation of crowd management training. Contact the State of Maryland Fire Marshal for information <a href="http://www.firemarshal.state.md.us">www.firemarshal.state.md.us</a>):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, a certificate is attached</li> </ul> <p>Estimated Attendance _____</p> <p>The organization is currently insured for this activity (see accompanying <b>Insurance Requirements for the Use of Facilities by Organizations</b> form):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, a certificate of insurance is attached</li> <li><input type="checkbox"/> Waiver is requested for Certificate of insurance for meetings of less than 50 individuals</li> <li><input type="checkbox"/> Other</li> </ul> <p>Applicant's proposed activity may require permits not related to or provided by BCPS. Proof of receipt of such permits may be required. Activities may include but are not limited to (contact Baltimore County Office of Permits for information):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Gathering permit</li> <li><input type="checkbox"/> Bingo</li> <li><input type="checkbox"/> Child care license</li> <li><input type="checkbox"/> Parade</li> <li><input type="checkbox"/> Craft Fair</li> <li><input type="checkbox"/> Fireworks Display</li> <li><input type="checkbox"/> Other: _____</li> </ul>
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**SCHOOL FACILITY AND / OR GROUNDS REQUESTED – COMPLETE NAME, NO ABBREVIATIONS**

ROOM(S) / AREA(S) REQUESTED	SERVICES & FIXTURES / EQUIPMENT REQUESTED
<input type="checkbox"/> Auditorium <input type="checkbox"/> Cafeteria (not including kitchen facilities) <input type="checkbox"/> Classrooms: list number of rooms needed _____ <input type="checkbox"/> Gymnasium <input type="checkbox"/> Multi-purpose or special-use room (specify): _____ <input type="checkbox"/> Library <input type="checkbox"/> Grounds (specify): _____ <input type="checkbox"/> Parking lot(s) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Air conditioning (may not be available in all areas of all buildings) <input type="checkbox"/> Audio <input type="checkbox"/> Lighting <input type="checkbox"/> Other: _____

**ONE-TIME EVENT / ACTIVITY**

Date(s) - including consecutive days of one-time event (Mo./Day/Yr.)	Times (include set-up and break-down time)	Total hours for event/activity*

**RECURRING EVENT / ACTIVITY**

This activity recurs:	Start date / End date:	Times (include set up & break-down): From: To:	Total # weeks / months	Total hours for event/activity*
<input type="checkbox"/> Daily: weekdays, Monday - Friday				
<input type="checkbox"/> Weekly: circle day(s) of the week: M T W Th F S Su				
<input type="checkbox"/> Monthly: specify _____				
<input type="checkbox"/> Other: _____				

**TOTAL HOURS REQUESTED\*)**

\*Fees assessed may include additional hours for custodial staff coverage as determined by BCPS

**APPLICANT AFFIRMATION**

I, the undersigned, being a duly authorized representative of the above organization, have read and agreed to Board Policy 1300, Superintendent's Rule 1300, and meet the insurance requirements governing use of school facilities and will abide by and enforce same.

Circle if applicable:

BCPS Employee

Rec & Park Employee

PRINT: NAME TITLE/POSITION ADDRESS TELEPHONE NO.

SIGNATURE DATE

**FOR BCPS USE ONLY -- SCHOOL PRINCIPAL / AP REVIEW**

<input type="checkbox"/> Application is complete <input type="checkbox"/> Dates requested are not in conflict <input type="checkbox"/> BOS confirms custodial staff is available <input type="checkbox"/> Proposed activity/event does not conflict with school program <input type="checkbox"/> Comments: _____ _____ _____	REVIEWED BY (PLEASE PRINT): _____ PRINCIPAL or AP NAME TITLE PHONE _____ SIGNATURE DATE <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
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**FOR BCPS USE ONLY -- DEPT. OF PHYSICAL FACILITIES**

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Approved/Denied in Part Date: _____ By: _____	TOTAL FEES CHARGED \$ _____ Make payable to BCPS and submit to school
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**COMMENTS:** \_\_\_\_\_