BALTIMORE COUNTY DEPARTMENT OF RECREATION AND PARKS

FACILITIES USE APPLICATION Please fill out a separate request for each site. Include all needs including registration, coach's meetings, awards ceremonies, recitals, etc. PERMIT NUMBER ARE YOU A RECREATION COUNCIL PROGRAM? ☐ YES \square NO PROGRAM (OR ORGANIZATION) NAME CHAIRPERSON (OR APPLICANT) NAME cell_____EMAIL ADDRESS: _____ PHONE: home: _____ ADDRESS: _____ ZIP: ____ ZIP: ____ FACILITY REQUESTED _____ DESCRIPTION OF ACTIVITY ______ ESTIMATED ATTENDANCE _____ LIGHTING TABLES REQUESTED _____ CHAIRS REQUESTED _____ SERVICES REQUESTED: AUDIO Include time for set-up and clean-up, if necessary start/end day of total multiopen close # of hrs cafe aud classgrounds other gym dates week time time wks daily hrs room purpose (specify) (specify) rm **MON** TUE WED THU FRI SAT SUN Having read and agreed to the regulations governing the use of facilities described on the reverse side, I, the undersigned being a duly authorized officer of the above organization, do hereby request the use of the facility as described above.

SIGNATURE OF CHAIRPERSON/APPLICANT ______ DATE _____ Please indicate representative from organization who will be present and responsible during activity: PHONE: home_____ cell NAME:____ APPLICATION: ☐ APPROVED ☐ NOT APPROVED FOR OFFICE USE ONLY Total Hours: _____ Hourly Rate: \$_____ Total Rental Fee: \$_____ Rental Information: Additional Attendant Required YES NO Staff Information: Hourly Rate: \$ Total Hours: _____ Total Staffing Fee: \$ Total Due: \$ Date Rec'd Invoice No. Payment Information: Comments: SIGNATURE R&P STAFF MEMBER DATE Copies: White-Department of Recreation & Parks Yellow-Local File Pink-User Gold-Attendant/Custodian