

**BOARD OF EDUCATION OF CARROLL COUNTY
APPLICATION FOR USE OF SCHOOL FACILITIES**

Having read and agreed to comply with the regulations governing the use of school facilities, we, the undersigned being authorized

representatives of _____ do hereby request use of _____ School Name
Group/Organization (* Name under which Insured)

for the purpose of _____ on the following date(s) _____ to _____
Type of Activity Month Day Year Month Day Year

THE STATUS OF THIS ACTIVITY IS: Profit Motivated Sponsored by Rec. & Parks School Sponsored Event

TIME REQUIRED				FACILITIES REQUIRED						
Day of the week	Open	Close	Total Hours	#Classroom	Aud.	Gym	Kitchen	Café	Fields	Other
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
Total										

Other services required: audio lighting restrooms other:

ESTIMATED BUILDING CHARGES (4 hr. min)				ESTIMATED PERSONNEL CHARGES (4 hr. min)			
Area Used	# Hours	Charge	Total Charged	Type	Total Hours	Hourly Rate	Total Charge
Heat				Custodian			
Air Conditioning				Kitchen			
Total Building Charge				Total Personnel Charge			

We understand and agree to abide by all guidelines and charges detailed in the Carroll County Public Schools' Board Policy/Regulations KGF-Community Use of School Facilities. We agree to notify the Department of Facilities of the Carroll County Public Schools, in writing, within 24 hours, in the event that any officer, director, employee, or agent of the group/organization is reported to the Department of Social Services for child abuse or neglect, and further agree that the officer, director, employee, or agent shall not enter onto the property of the Carroll County Public Schools until permission is granted by the Carroll County Public Schools. As of July 1, 2011, I/we understand that compliance with the Maryland Youth Concussion Law is a requirement for use of a public school property.

1.	Signature of Official and Title	Mailing Address:	Date:
		E-Mail Address:	
2.	Name of Group Leader (print)	Mailing Address:	Date:
		E-Mail Address:	
		Telephone:	Date:

* Does the applicant have a valid "Certificate of Insurance" on file with CCPS Central Office? YES NO
 **All Certificates of Insurance need to include the following address as the Certificate Holder: Carroll County Public Schools
 125 North Court Street
 Westminster, MD 21157

APPROVED DISAPPROVED (Reason) _____

COMMENTS & INSTRUCTIONS: