

Anne Arundel County Public Schools | Division of Facilities

School Facility Use Request — *School Sponsored and other User Groups*All sports and sports-related events must be accredited through the Anne Arundel County Department of Recreation and Parks

| (Pleas | se print ALL informat | tion) | | | | | | , , , , . | | | | | | | | |
|---|--|---------------|-----------------------------------|----------|------------------------------|-----------|---------|--|--|------------|-------------|----------------------|-----------------|------------|--|--|
| Name | Name of School Requested | | | | | | | | | | | | | | | |
| Acti | Activity Spansored Ry | | | | | | | | | | | | | | | |
| Activity Sponsored By: Name of Organization/Group/Agency Email | | | | | | | | | | | | | | | | |
| Person in charge of activity | | | | | | | Title | | | | | | Phone | | | |
| Address | | | | | | City | | | | State | | Zip | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | Type o | f Activity | | | | | | | | |
| Description of Activity | | | | | | | | ☐ Indoor ☐ Outdoor If expecting more than 500 attendees, have you: ☐ Applied for County Special Event Permit. Permits must be requested 90 days in advance. ☐ Permit is attached to application. | | | | | | | | |
| Admission Cost/Fees Charged to Particpants | | | | | | | | ore than 50, name(s) Crowd Manager(s) | | | | | | | | |
| Requested Dates of Use | | | | Days | | | | of Week Requested | | | | | Hours Requested | | | |
| | From | То | | Sun. | Mon. | Tues. | Wed | Thurs. | Fri. | Sat. | Sun. | From (| (AM/PM) | To (AM/PM) | | |
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| | | | | | | Туре | of Spa | ce Reque | sted | | | | | | | |
| | | | | | | | | | □ Classroom(s) □ Parking Lot/Field(s) | | | | Other: | | | |
| | | AII | payments | are due | in adva | nce. Esti | mated | costs will | he returi | ned with I | Rental Ad | reement. | | | | |
| | | | ,, | | | | | | | | | | | | | |
| Additional information on Community Use of School Facilities can be found on the AACPS website (www.aacps.org/domain/1354). | | | | | Applicant Signature Applican | | | | | | ant Name (p | nt Name (print) Date | | | | |
| To b | egin workflow, fo | orward comp | plete form | to the s | chool yo | u are req | questin | g to use. | | | | | | | | |
| | School IS available for this activity School Principal/Business Manager Signature | | | | | | 2 | | | | | | Date | | | |
| Use Only | School IS No for this acti | School Princi | ncipal/Business Manager Signature | | | | | | | Date | | | | | | |
| For Office Use Only | Facilities Signature Event Approved | | | | | | | Date | | | | | | | | |
| 윤 | Event NOT Approved Facilities Signature | | | | | | | | | Date | | | | | | |