

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.

ARE YOU A RECREATION COUNCIL PROGRAM? YES NO PERMIT NUMBER CCC-17-_____

PROGRAM (OR ORGANIZATION) NAME _____

CHAIRPERSON (OR APPLICANT) NAME _____

PHONE

Cell

HOME

 EMAIL: _____

ADDRESS _____ CITY: _____ ZIP _____

FACILITY REQUESTED Cockeysville Community Room

DESCRIPTION OF ACTIVITY _____ ESTIMATED ATTENDANCE _____

SERVICES REQUESTED: AUDIO LIGHTING TABLES REQUESTED CHAIRS

Include time for set-up and clean-up, if necessary

start /end dates	day of week	open time	close time	# of wks	hrs daily	total hrs	gym	café	aud	class-room	multi-purpose rm	grounds (specify)	other (specify)
	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:

NAME _____

Cell

HOME

FOR OFFICE USE ONLY

APPLICATION: APPROVED NOT APPROVED

Rental Information: Total Hours: _____ Hourly Rate: \$15.00 Total Rental Fee: \$15.00

Staff Information: Additional Attendant Required YES NO

Total Hours: _____ Hourly Rate: \$15.00 Total Staffing Fee: \$

Payment Information: Total Due: \$0.00 Date Rec'd _____ Amount Due \$0.00 _____

Comments: Please provide 2 money order made payable to Baltimore County in the correct amount

SIGNATURE R&P STAFF MEMBER _____ DATE _____