

### Information Needed For Facility Use Request

- Name(s) of the adult representative who will be on-site and cell number for the same

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- Name of the Activity

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- A brief description of the activity: example - SQUARE DANCE instruction

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- Facility you wish to use (name the school or Activity Center)

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- List specific dates you would like the activity to be held with a start and end date also list days

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- List the field(s) or room(s) you want to use

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Continued listing of fields/rooms requested

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- Start and end time for dates and days requested

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- Will Food and Beverages be sold ? Yes \_\_\_\_\_ No \_\_\_\_\_
- Will there be a caterer? Yes \_\_\_\_\_ No \_\_\_\_\_
- If Yes, name and address of caterer and phone number

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- Will an admission fee be charged? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, how much? \_\_\_\_\_
- Is this a fundraiser for your organization? Yes \_\_\_\_\_ No \_\_\_\_\_
- How many registered persons will be participating? \_\_\_\_\_
- Estimated number of spectators \_\_\_\_\_
- Have the parents/guardians of everyone under the age of 18 signed a registration form acknowledging Concussion Awareness? Yes \_\_\_ No \_\_\_
- By signing and submitting this form I am stating that I am authorized to do so on behalf of the above named program and that the program is a part of the Havre de Grace Recreation Committee and that the program and all participants in whatever capacity will abide by the Code of Conduct and all rules set by HCPS and/or the County/P&R will be followed accordingly.

- Printed Name \_\_\_\_\_
- Signature \_\_\_\_\_
- Date \_\_\_\_\_ Phone \_\_\_\_\_