



# School Facility Use Application

## MEADE FEEDER SYSTEM

**SUBMIT ONE APPLICATION FOR EACH SPACE REQUESTED**

NAME OF ORGANIZATION / GROUP / AGENCY		REPRESENTATIVE'S NAME		REPRESENTATIVE'S TITLE	
REPRESENTATIVE'S ADDRESS		CITY		STATE	ZIP
DAYTIME TELEPHONE	NIGHT TIME TELEPHONE	DESCRIPTION OF ACTIVITY			

**ACTIVITY SPONSORED BY:**

- Governmental Agency       Commercial or Religious Group  
 Board of Education       Community Group

*Commercial and religious groups will be charged for facility usage. Fees are payable in advance to the Board of Education's Operations Office. Checks should be made payable to Anne Arundel County Public Schools. Contact the School for the Fees.*

Cost Per Participant      
 Estimated Attendance      
 Use of Proceeds

**SCHOOL (Select One)**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Brockbridge Elementary | <input type="checkbox"/> Manor View Elementary    | <input type="checkbox"/> Meade Middle              | <input type="checkbox"/> West Meade Elementary |
| <input type="checkbox"/> Harman Elementary      | <input type="checkbox"/> Maryland City Elementary | <input type="checkbox"/> Pershing Hills Elementary |  |
| <input type="checkbox"/> Jessup Elementary      | <input type="checkbox"/> Meade Heights Elementary | <input type="checkbox"/> Seven Oaks Elementary     |  |
| <input type="checkbox"/> MacArthur Middle       | <input type="checkbox"/> Meade High               | <input type="checkbox"/> VanBokkelen Elementary    |  |

**SPACE REQUESTED (Select One)**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Multipurpose Room   | <input type="checkbox"/> Auditorium      | <input type="checkbox"/> Baseball Field     |  |
| <input type="checkbox"/> Cafeteria           | <input type="checkbox"/> Classroom       | <input type="checkbox"/> Softball Field     |  |
| <input type="checkbox"/> Gymnasium           | <input type="checkbox"/> Media Center    | <input type="checkbox"/> Multipurpose Field |  |
| <input type="checkbox"/> Auxiliary Gymnasium | <input type="checkbox"/> Other (Specify) |   |  |

SPECIFY FIELD

**DATES & TIMES REQUESTED**

DATE(S) OF REQUESTED USE		DAY(S) OF WEEK REQUESTED							HOURS REQUESTED			
FROM DATE	TO DATE	SUN	MON	TUE	WED	THU	FRI	SAT	FROM TIME	AM/PM	TO TIME	AM/PM

**Indemnity Agreement** - Each party or person using the school facility described in this application acknowledges and agrees that neither Anne Arundel County n the Board of Education or its agents and employees shall be responsible for any expenses, losses, damages, claims, lawsuits, or liabilities that are in any way caused by or result form the use of the school property authorized by the permit. Additionally, each party or person using the school facility described in this application acknowledges and agrees that each such party or person is jointly and individually responsible for any and all expenses of, cost of defense, losses to, damages or claims made against Anne Arundel County or their agents and employees that are in any way caused by or result from the use of the school property under this permit.

**Tobacco, Drug and Alcohol Prohibition** - No tobacco, drugs or alcohol of any kind are permitted in or on any Board of Education buildings or grounds at any time – 24 hours per day, 7 days per week. Evidence of tobacco, drugs or alcohol after the building and/or grounds have been used by an agency or organization may result in termination of the permission to continue use of the building and/or grounds. (Board Policies 502 VII & 800.30 and Admin Reg 800.30)

       
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 APPLICANT'S SIGNATURE      DATE

**FOR OFFICIAL USE ONLY**

DATE RECEIVED:

APPLICATION #: