

FACILITIES PERMIT APPLICATION



**BALTIMORE COUNTY DEPARTMENT OF
RECREATION AND PARKS**
 HEREFORD REC. OFFICE / 17301 YORK ROAD / PARKTON, MD 21120
410-887-1938 FAX – 410-357-9370
mpurkins@baltimorecountymd.gov/daking@baltimorecountymd.gov

For Rec Office Use Only:
CSII _____
Submitted: _____
OL: _____
School Rec: _____
BCPS App: _____
NtoC: _____

CHAIRPERSON NAME: _____ REC COUNCIL: _____

FULL ADDRESS: _____

PHONE #1: _____

PHONE #2: _____
(PLEASE INDICATE WHICH NUMBER IS PREF. FOR THE REC OFFICE TO USE IN NEWSLETTERS OR TO GIVE TO COMMUNITY MEMBERS WITH PROGRAM QUESTIONS)

EMAIL: _____
(IF ANOTHER EMAIL IS PREFERRED FOR NEWSLETTERS AND COMMUNITY, PLEASE PROVIDE THAT AS WELL)

Please fill out a separate request for each site. Include all needs including registration, coach’s mtgs, awards ceremonies, recitals, etc.

SCHOOL REQUESTED (use a different form for each site): _____

PROGRAM & DESCRIPTION: _____

PROGRAM START DATE: _____ PROGRAM END DATE: _____

REGISTRATION START DATE _____ REGISTRATION END DATE _____ COUNCIL WEBSITE UPDATED? YES _____ NO _____

ESTIMATED ATTENDANCE PER DAY/NIGHT: _____ AGE GROUP: _____ REGISTRATION FEE: _____

ONLINE REGISTRATION: Yes ___ No ___ IN-PERSON REGISTRATION: Yes ___ No ___ If yes, request facility, date & time below

Include time for set-up and clean-up, if necessary. Facility will be open at exact time listed on this request. Please plan on vacating at ending time.

START DATE	END DATE	DAY OF WEEK	OPEN TIME	CLOSE TIME	GYM	CAFÉ	REC ROOM	AUD	CLASS ROOM	MULTI PURPOSE ROOM	GROUNDS (specify)	OTHER (specify)

What facilities did your program use last school year? _____

Please return to rec. office via fax, email, or USPS mail no later than 5 weeks prior to dates requested.

CHAIRPERSON SIGNATURE AND DATE SUBMITTED: _____