

# Request Form HCCPTA PTA Event Box

PTA/PTSA Local Unit: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone (H) \_\_\_\_\_ (C): \_\_\_\_\_

Contact Email: \_\_\_\_\_

Event Location Address: \_\_\_\_\_

\_\_\_\_\_

Date of Event: \_\_\_\_\_ Need time: \_\_\_\_\_ End time: \_\_\_\_\_

Deposit Check included: Y    N    check # \_\_\_\_\_

\_\_\_\_\_ PTA/PTSA understands that our organization is borrowing the PTA/PTSA Event Box from Harford County Council of PTA's inc. We will use the contents of the box gently and with great care. We will return the box in the same or better condition than it was presented to us. We will replace any damaged content immediately. Our deposit is proof of our good faith in the use of this Event Box. HCCPTA agrees to return the deposit check within seven (7) days of the return of the box and its contents in good condition.

Signed,

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- Deposit check should be made payable to HCCPTA in the amount of \$50.00.
  - Check will be returned to the Local's President, via HCPS courier mail.
  - Need Time is the time your local actually NEEDS the Box (allow set up time)
  - Box Contents should include :
    - PTA or PTSA cloth logo table covering
    - Two clear acrylic standing 8.5" x 11" sign holders
  - Returning the tablecloth dirty (food stains, pencil or marker marks), and/or the sign holders broken *will prohibit the return* of the local's deposit check.
  - Your Contact will be called to confirm your requested date and time.

