



Facility Rental Application

Return to: Northeast Community Center
 P.O. Box 1360 or 4075 Gordon Stinnett Ave.
 Chesapeake Beach, MD 20732
 email: neccstaff@calvertcountymd.gov or fax:(410) 257-2860
 Questions, please call: (410) 257-2554

| Office Use Only | |
|---|--|
| Date Rev'd _____ | |
| Time _____ | |
| Initials _____ | |
| Veteran <input type="checkbox"/> | |
| Verified CC Resident <input type="checkbox"/> | |
| Non-CC Resident <input type="checkbox"/> | |
| Age Verification <input type="checkbox"/> | |

Applicant Information

| | |
|----------------------------|-------------------------|
| Applicant Name: | Organization: |
| Cell Phone: | Alternate Phone: |
| Address: | |
| Email: | |
| 2nd Applicant Name: | Phone: |

Event Information

| | | |
|---|--|---|
| Event Type: | Event Date: | Day of the week (Circle One) Su M Tu W Th F Sa |
| Special Requests: | | Estimated Attendance: |
| Organizations/Meeting Usage (Select One) <input type="checkbox"/> Rm A (80) <input type="checkbox"/> Rm B (80) <input type="checkbox"/> Rm C (80) <input type="checkbox"/> Rm M2 (25) <input type="checkbox"/> Exercise (45) <input type="checkbox"/> Mini Gym (100) <input type="checkbox"/> Preschool (35) | Private Party Usage (Select One) <input type="checkbox"/> Rm A (60) <input type="checkbox"/> Rm B (60) <input type="checkbox"/> Rm C (60) <input type="checkbox"/> Rm M2 (20) <input type="checkbox"/> Exercise (30) <input type="checkbox"/> Mini Gym (90) <input type="checkbox"/> Preschool (30) | Time Friday/Saturday <input type="checkbox"/> 9:00 a.m.-1:00 p.m. <input type="checkbox"/> 1:30 p.m.-5:30 p.m. <input type="checkbox"/> 6:00 p.m.-10:00 p.m. Sunday <input type="checkbox"/> 8:30 a.m.-12:30 p.m. <input type="checkbox"/> 1:00 p.m.-5:00 p.m. <input type="checkbox"/> 5:30 p.m.-9:30 p.m. Monday-Thursday (Per Availability) <i>Please write in desired time.</i> |
| Will your event have food/drink? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is this a teen event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete chaperone list on back. | |

I have received, read and understand the Facility Use Information governing the use of Calvert County Department of Parks and Recreation Community Center facilities. I hereby agree to abide by those regulations, as well as any additional verbal directions given by community center staff. I agree that all members of my party will remain within the assigned event space and that all amplified music will be kept at a level which can only be heard within the confines of that space. I further agree to hold harmless Calvert County Department of Parks and Recreation and its employees for any injuries which may occur to individuals participating in my activity. I also understand that I will be held responsible for any damages that may be caused by our activity. I will give at least 14 days advance written notification of any cancellation or date transfer request in order to be considered for a date transfer. **I understand that ALCOHOL, NON-PRESCRIPTION DRUGS, INFLATABLES, LIVE ANIMALS (except approved service animals), PUSH PINS, STAPLES OR NAILS ON WALLS ARE NOT ALLOWED AT ANY TIME! ADDITIONAL RULES/LIMITATIONS OUTLINED ON THE ACCOMPANYING SHEETS.**

Signature of Applicant

Date

| For Office Use Only | | | | | |
|---------------------------------------|-------------|---------------|-------------------------------------|-------|-----------------|
| Approved _____ Staff Initials | | | Denied _____ Staff Initials Reason: | | |
| Event Date | Facility | Room | Time | | |
| Total Fees Due \$ | Payment Due | Date Received | Payment Type: | | |
| Confirmation Date: | Time: | In Person | Phone | Email | Staff Initials: |
| -----EVENT CANCELLATION & REFUND----- | | | | | |
| Date Cancelled | | | Reason | | |
| Staff Signature | | Refund Date | Refund Type | | |

| Room Capacity | In-County Fees - Up to (4) Hour Block | | Non-County Fees - Up to (4) Hour Block | |
|--------------------|---------------------------------------|-----------------|--|-----------------|
| | Without Food/Drink | With Food/Drink | Without Food/Drink | With Food/Drink |
| Small (50 or less) | \$0 | \$0 | \$20 | \$50 |
| Medium (51-100) | \$0 | \$0 | \$50 | \$80 |
| Large (101+) | \$0 | \$0 | \$100 | \$130 |

EVENT CHAPERONE LIST (If applicable)

The Event Chaperone List is a requirement for ALL teen-sponsored activities between the ages of 13-18 years. Teen-sponsored activities must also have a minimum of 5 chaperones ages 21 & older.

*NOTE: Group leaders and chaperones will be held responsible for ALL damages and incidents. Applications WILL NOT be processed without an Event Chaperone List. (If applicable)

| | Name | Phone Number | Age |
|---|-------|--------------|-------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ |

End of Event Check List

Upon the Facility User's arrival, ask if they will be hanging decorations and if so, what they will be using to secure the decorations. Remind them of the rules – White Sticky Tack only! No command strips, scotch tape, putty, staples, tacks, nails or gum. All decorations must be fully removed.

Date: _____ Time In: _____ Time Out: _____

Staff on Duty: _____ Staff on Duty: _____ Staff on Duty: _____

| Inspection Area | Pass/Fail | Notes |
|---|-----------------|-------|
| Trash is cleared from the room and placed in the outside trash dumpster | | |
| Tables and chairs wiped down (as needed) | | |
| Floor(s) are swept and spot mopped or vacuumed | | |
| All decorations and sticky tack removed | | |
| All tables and chairs are correctly stored and placed on the rack(s) properly | | |
| Facility User Departure Signature: _____ | Comments: _____ | |
| Staff on Duty Signature: _____ | Comments: _____ | |