



Facility Rental Application

Dowell House
 4889 Calvert Drive
 St. Leonard, MD 20685
soccestaff@calvertcountymd.gov
 410-535-1600 ext. 2826

Applicant Information

<u>Office Use Only</u>	
Date Rcv'd:	
Time:	
Staff Initials:	
	Veteran
	Verified CC Resident
	Non-CC Resident
	Age Verification (21)
	Non-Profit Verification
	Active Duty Resident

Applicant Name: _____ **Cell Phone:** _____

Address: _____

Email: _____

Is the applicant an active duty military member and a Calvert resident? Yes No

2nd Applicant Name (if applicable): _____ **Phone:** _____

Name of Organization hosting event (if applicable): _____

Is the organization a non-profit? (Must provide IRS letter of determination.) Yes No

Non-profit organizations are eligible for a 50% discount on room rental rates detailed below.

Event Information

Event Day and Date: _____

Event Type: _____ **Estimated Attendance:** _____

Rental Time Block (available up to 4 hours - 4 to 8 p.m. weekdays, 10 a.m. to 6 p.m. Sat/Sun)

Please write in your desired times: _____

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
50 or less	\$10	\$25	\$20	\$50

Is this event open and/or advertised the general public? Yes No

Will you be charging fees to attend the event or raising funds for a cause at the event? Yes No

Will your event include any outside vendors: Yes No

Please note if you answered yes to any of the above your event may require a Special Event Permit. Additional requirements may apply.

Will your event have food and drink? Yes No

Is this a teen event? Yes No *If yes, please complete chaperone list on reverse side.*

Application continues on the back.

Terms & Conditions of Use

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 understand that ALCOHOL; NON-PRESCRIPTION DRUGS; OPEN FLAME; INFLATABLES; LIVE ANIMALS (except approved service animals) GLITTER or CONFETTI; PUSH PINS, STAPLES OR NAILS ON WALLS ARE NOT ALLOWED AT ANY TIME.

I agree to provide at least 14 days advance written notification of any cancellation or date transfer request in order to be considered for a date transfer.

Signature of Applicant: _____ Date: _____

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 adult chaperones ages 21 & older.

Applications WILL NOT be processed without a completed Event Chaperone List.

NOTE: Group leaders and chaperones will be held responsible for ALL damages and incidents.

Name		Phone Number		Age
1				
2				
3				
4				
5				

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

End of Event Check List		
<p>Upon the Facility User's arrival, remind them of all terms and conditions of use. 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 <u>fully</u> removed at the end of the event.</p>		
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)		
Facility User Departure Signature: _____		
Comments: _____		
Staff on Duty Signature: _____		
Comments: _____		