



**Facility Rental Application**

**Mt. Hope Community Center**  
 104 Pushaw Station Road  
 Sunderland, MD 20689  
[mhccstaff@calvertcountymd.gov](mailto:mhccstaff@calvertcountymd.gov)  
 410-535-1600 ext. 8220

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

**Applicant Information**

**Applicant Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

**2<sup>nd</sup> 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 & Date:** \_\_\_\_\_

**Event Type:** \_\_\_\_\_ **Estimated Attendance:** \_\_\_\_\_

**Rental Time Block (4 hours):**

Friday/Saturday      8:30 a.m.-12:30p.m. April-Oct. Only      1-5 p.m.      5:30-9:30 p.m.

Sunday      8:30 a.m.-12:30p.m. April-Oct. Only      12:45-4:45 p.m.      5-9 p.m.

Monday – Thursday (Per availability, please write in desired time.)

**Room Requested:**      **Room 1**(capacity 45)      **Room 2** (capacity 45)      **Room 3** (capacity 45)  
                                  **Room 5** (capacity 45)      **Room 6** (capacity 45 )      **Room 8/9** (capacity 150)

**Payment will be due in full at the time the reservation is confirmed.**

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
<b>Small (50 or less)</b> Rooms 1, 2, 3, 5 &7	\$10	\$25	\$20	\$50
<b>Medium (51-100)</b> Room 6	\$25	\$40	\$50	\$80
<b>Large (101+)</b> Room 8/9	\$50	\$65	\$100	\$130

Is this event open and/or advertised to 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.*

**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 CONFEETTI; 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: \_\_\_\_\_

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:
<b>-----EVENT CANCELLATION &amp; REFUND-----</b>			
Date Cancelled		Reason	
Staff Signature		Refund Date	Refund Type

**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 adult 5 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				

**End of Event Check List**

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 fully removed at the end of the event.

**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:** \_\_\_\_\_