



**CALVERT COUNTY DEPARTMENT OF PARKS AND RECREATION  
FACILITY RENTAL APPLICATION**

Mail to: Harriet E. Brown Community Center

901 Dares Beach Rd,

Prince Frederick, MD 20678

or email to [hebcstaff@calvertcountymd.gov](mailto:hebcstaff@calvertcountymd.gov) or fax to (410) 414-8020

For questions, please call 410-535-1600 ext. 8200/410-535-7080

Office Use Only

Date Rcv'd \_\_\_\_\_

Time \_\_\_\_\_

Initials \_\_\_\_\_

Veteran

Verified CC Resident

Non-CC Resident

Age Verification

**APPLICANT INFORMATION**

<b>Applicant Name*</b>	<b>Organization</b>
<b>Cell Phone</b>	<b>Alternate Phone</b>
<b>Address</b>	<b>Email</b>
<b>2<sup>nd</sup> Applicant Information – Name:</b>	
<b>Phone Number:</b>	

**EVENT INFORMATION**

<b>Event Type:</b>	<b>Day of the week (Circle One)</b> Su M Tu W Th F Sa	<b>Event Date:</b>
<b>Number of chairs needed:</b>	<b>Number of tables needed:</b>	<b>Estimated Attendance:</b>
<b>Facility (Check One)</b>  Harriet E. Brown Community Center <input type="checkbox"/>  Mt. Hope Community Center <input type="checkbox"/>	<b>Rooms (Check one)</b> <b>Harriet E. Brown Community Center:</b> Rm 103 (5) <input type="checkbox"/> Rm 108 (12) <input type="checkbox"/> Rm 113 (32) <input type="checkbox"/> Rm 118 (10) <input type="checkbox"/> <b>Mt. Hope Community Center:</b> Rm 1 (18) <input type="checkbox"/> Rm 2 (18) <input type="checkbox"/> Rm 3 (20) <input type="checkbox"/> Rm 5 (18) <input type="checkbox"/> Rm 6 (18) <input type="checkbox"/> Rm 8/9 (60) <input type="checkbox"/>	<b>Time</b> Check In _____ Check Out _____  <b>Rental Blocks</b> Fri/Sat 8:45 a.m. to 12:30 p.m. 1:00 p.m. to 5:00 p.m. 5:30 p.m. to 9:30 p.m. Sun 8:45 a.m. to 11:30 am. 12:00 p.m. to 4:00 p.m. 4:30 p.m. to 8:30 p.m. <b>Mon-Thurs</b> Per Availability
<b>Will you have food/drink?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is this a teen event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, complete chaperone list on back	

I have received, read and understand the Community Center Use Policy governing the use of Calvert County Department of Parks and Recreation Community Center facilities as well as the facility use information for the community center selected and hereby agree to abide by those regulations as well as any additional verbal directions given by community center staff. 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 full refund or date transfer.

**NO STERNOS (except on tile floors), ALCOHOL, NON-PRESCRIPTION DRUGS, AMPLIFIED MUSIC, INFLATABLES, GLITTER, CONFETTI OF ANY KIND, AND/OR LIVE ANIMALS (except approved service animals). TAPE OR PUSH PINS ON WALLS ARE NOT ALLOWED AT ANY TIME!**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Approved _____	Staff Initials _____	Denied _____	Staff Initials _____	Reason:
<b>EVENT DATE</b>	<b>FACILITY</b>	<b>ROOM</b>	<b>TIME</b>	
<b>Total Fees Due \$</b>	<b>Payment Due</b>	<b>Date Received</b>	<b>Payment Type:</b>	
<b>Confirmation Date:</b>	<b>Time:</b>	<b>In Person</b>	<b>Phone</b>	<b>Email</b>
<b>Staff Initials:</b>				
-----EVENT CANCELLATION & REFUND-----				
<b>Date Cancelled</b>		<b>Reason</b>		
<b>Staff Signature</b>		<b>Refund Date</b>	<b>Refund Type</b>	

**STAFF NOTES:**

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**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.	_____	Phone _____	_____
2.	_____	Phone _____	_____
3.	_____	Phone _____	_____
4.	_____	Phone _____	_____
5.	_____	Phone _____	_____

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

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>	<b>\$0</b>	<b>\$0</b>	<b>\$20</b>	<b>\$50</b>
<b>Medium (51-100)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$50</b>	<b>\$80</b>
<b>Large (101+)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$100</b>	<b>\$130</b>