



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

Mail to: Northeast Community Center
PO Box 1360, Chesapeake Beach, MD 20732
or email to necstaff@calvertcountymd.gov or fax to (410) 257-2860
For questions, please call 410-535-1600 ext. 8210

Office Use Only	
Date Rcv'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 Information – Name:	
Phone Number:	

EVENT INFORMATION

Event Type:	Day of the week (Circle One) Su M Tu W Th F Sa	Event Date:
Special Requests:		Estimated Attendance:
Facility (Check One) Northeast Community Center	Rooms (Check One) A (12) <input type="checkbox"/> B (12) <input type="checkbox"/> C (14) <input type="checkbox"/> Exercise (15) <input type="checkbox"/> Mini-Gym (22) <input type="checkbox"/> Gym (32) <input type="checkbox"/>	Time Check In _____ Check Out _____ Time Blocks Fri/Sat 9:00 a.m. to 1:00 p.m. 1:30 p.m. to 5:30 p.m. 6:00 p.m. to 10:00 p.m. Sun 8:30 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. Mon-Thurs Per Availability
Will you 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 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, LIVE ANIMALS (except approved service animals), OR TAPE, TACKS, NAILS OR PUSH PINS ON WALLS AT ANY TIME!

Signature of Applicant

Date

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
------------------------	--------------------	--------------------

STAFF NOTES:

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 hallway for pick up		
Floor (s) are swept and spot mopped or Vacuumed		
Tables and chairs wiped down (as needed)		
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 RATES & FEES

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