



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

Return to: Southern Community Center
Mail to or drop off at – 20 Appeal Lane,
Lusby, MD 20657
or email to soccestaff@calvertcountymd.gov or fax to (410) 326-0673
For questions, please call 410-535-1600 ext. 2826/410-586-1101

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	Home Phone
Address	Email
2 nd Applicant Information – Name: _____ Phone Number: _____	

EVENT INFORMATION

Event Types:	Day of the week (Circle One) Su M Tu W Th F Sa	Event Date:
Estimated Attendance:		
Facility (Check One) Southern Community Center <input type="checkbox"/> Dowell House <input type="checkbox"/> Music (Check One) DJ/Band <input type="checkbox"/> Bluetooth/Speaker <input type="checkbox"/>	Room(s) Requested (Check One) Southern Community Center: P&R1 (60) <input type="checkbox"/> P&R2 (42) <input type="checkbox"/> MP1 (72) <input type="checkbox"/> MP2 (90) <input type="checkbox"/> SR (20) <input type="checkbox"/> CR (49) <input type="checkbox"/> Dowell House (60) <input type="checkbox"/>	Time Check In _____ Check Out _____ 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. 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 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

OFFICE USE ONLY

Approved _____	Staff Initials/Date _____	Denied _____	Staff Initials/Date _____	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 13-19 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 – Painter's Tape 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		
Floor(s) are swept and spot mopped		
Tables and chairs wiped down (as needed)		
All decorations and painter's tape 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
Small (50 or less)	\$0	\$0	\$20	\$50
Medium (51-100)	\$0	\$0	\$50	\$80
Large (101+)	\$0	\$0	\$100	\$130