



Facility Rental Application

Northeast Community Center
4075 Gordon Stinnett Ave.
Chesapeake Beach, MD
20732
necstaff@calvertcountymd.gov
410-535-1600 ext. 8210

Office Use Only Date	
Received:	_____
Time:	_____
Staff Initials:	_____
<input type="checkbox"/> Veteran	
<input type="checkbox"/> Verified CC Resident	
<input type="checkbox"/> Non- Resident	
<input type="checkbox"/> Age verification (21)	
<input type="checkbox"/> Non-Profit Verification	
<input type="checkbox"/> Active-Duty Resident	

Applicant Information

Applicant Name: _____ **Date of Birth:** _____

Address: _____

Email: _____ **Phone:** _____

Is the applicant an active duty military member? Yes No

Active Duty Military who are Calvert County residents receive a 50% discount with a maximum of \$50. Active Duty Military non-residents receive a 10% discount with a maximum of \$50.

Is the applicant a Calvert resident? Yes No

Co-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.

No discounts may be applied to a gym rental.

Event Information

Event Day & Date: _____

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

Rental Time Block (4 hours):

- | | | | |
|-----------------|---|---|---------------------------------------|
| Friday/Saturday | <input type="checkbox"/> 9 a.m.-1 p.m. | <input type="checkbox"/> 1:30-5:30 p.m. | <input type="checkbox"/> 6-10 p.m. |
| Sunday | <input type="checkbox"/> 8:30 a.m.-12:30 p.m. | <input type="checkbox"/> 1-5 p.m. | <input type="checkbox"/> 5:30-9:30 pm |

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

Room Requested:

- | | | |
|---|---------------------------------------|---|
| Room A (80 meeting, 60 party) | Room B (80 meeting, 60 party) | Room C (80 meeting, 60 party) |
| Room M2 (25 meeting, 20 party) | Exercise (45 meeting) | Preschool (35 meeting, 30 party) |
| Mini Gym (100 meeting, 90 Party) | Gym (250 athletic events only) | |

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) M2, Exercise & Preschool	\$15	\$30	\$25	\$55
Medium (51-100) Rooms A, B, C & Mini Gym	\$35	\$50	\$60	\$90
Gymnasium (250)	\$1900		\$2400	
Payment will be due in full at the time the reservation is confirmed.				

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. For more information on Special Event Permits, go to:

<https://www.calvertcountymd.gov/3099/Special-Event-Permits> or you may contact CCPR Event & Marketing Coordinator at SpecialEvents@CalvertCountyMD.gov

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 and agree to abide by these 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 indemnify, defend and hold harmless the Board of County Commissioners of Calvert County, Maryland, its officers, agents, employees, successors and assigns or contractors, against and with respect to any and all liabilities arising out of or in any way connected with 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 my 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: _____

Signature of Co-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. All chaperones must present a valid ID to Community Center Staff.

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

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

For Office Use Only		
End of Event		
<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 fully 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: _____		