



**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 socstaff@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**

<b>Applicant Name*</b>	<b>Organization</b>
<b>Cell Phone</b>	<b>Home Phone</b>
<b>Address</b>	<b>Email</b>

2<sup>nd</sup> Applicant Information – Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**EVENT INFORMATION**

<b>Event Types:</b>	<b>Day of the week (Circle One)</b> Su M Tu W Th F Sa	<b>Event Date:</b>
<b>Number of chairs requested:</b>	<b>Number of tables requested:</b>	<b>Estimated Attendance:</b>
<b>Facility (Check One)</b> Southern Community Center <input type="checkbox"/> Dowell House <input type="checkbox"/> <b>Music (Check One)</b> DJ/Band <input type="checkbox"/> Bluetooth/Speaker <input type="checkbox"/>	<b>Room(s) Requested (Check One)</b> Southern Community Center: P&R1 (100) <input type="checkbox"/> P&R2 (100) <input type="checkbox"/> MP1 (140) <input type="checkbox"/> MP2 (207) <input type="checkbox"/> SR (25) <input type="checkbox"/> CR (49) <input type="checkbox"/> Dowell House (60) <input type="checkbox"/>	<b>Time</b> <b>Check In</b> _____ <b>Check Out</b> _____ Friday/Saturday – 9:00am-1:00pm 1:30pm-5:30pm 6:00pm-10:00pm Sunday – 8:30am-12:30pm 1:00pm-5:00pm 5:30pm-9:30pm Mon-Thurs – 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 <b>If yes, complete chaperone list on back</b>	

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 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.* ALCOHOL, NON-PRESCRIPTION DRUGS, AMPLIFIED MUSIC, 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**

<b>Approved</b> _____	<b>Staff Initials/Date</b> _____	<b>Denied</b> _____	<b>Staff Initials/Date</b> _____	<b>Reason:</b>	
<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 13-19 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)	\$10	\$25	\$20	\$50
Medium (51-100)	\$25	\$40	\$50	\$80
Large (101+)	\$50	\$65	\$100	\$130