

REMINDER: A COMPLETE AGREEMENT, DEPOSIT & RENTAL FEES MUST BE SUBMITTED TO THIS DEPARTMENT 15 WORKDAYS (THREE WEEKS) IN ADVANCE OF THE REQUESTED DATES.

General James F. Fretterd Community Center
107 South 4th Street Denton, MD 21629 410-479-8120
Facility Use Agreement

Name _____ Today's Date _____

Address _____ City/State/ Zip _____

Home Phone _____ Work _____ Cell _____

Email address _____

Organization _____ Contact Name _____

Are you a Non-Profit or Civic Organization? Yes ___ No ___

Caroline County Recreation & Parks retains the right to cancel and refund any approved reservation if the room reserved is required for an official County or Recreation Department program or event.

PLEASE NOTE: Applicants must provide a valid driver's license and be at least 21 years old.

Room Fees	Hourly Charge Weekday	Hourly Charge for Holidays, Weeknights and/or Weekends
Room 104,113 or 204	\$10/hour	\$35/hour
Gymnasium and Balcony	\$25/hour	\$50/hour
Gymnasium & one meeting room	\$35/hour	\$60/hour
First Floor of Community Center Facility (Gymnasium & two meeting rooms)	\$45/hour	\$70/hour
First & Second Floor of Community Center Facility (Gym, three meeting rooms)	\$55/hour	\$80/hour
Gym Carpet Install	Flat \$225 Installation/Removal Charge per event	
Custodial Charge	\$35/hour	

Description of Event _____

Event Dates _____ Day of Week: Su M T W Th F Sa

Time Rental Starts _____ Time Rental Ends _____ Expected Attendance _____

Please note that set-up and clean-up times must be included in time frame requested for facility use.

Tables: No ___ Yes ___ How Many? _____ *No tables or chairs are allowed on the gym floor without carpet.
Chairs: No ___ Yes ___ How Many? _____

The department has a limited supply available. A list of local companies for table and chair rental is available upon request.

Are you charging admission? Yes ___ No ___ If yes, who benefits from the fee: _____

Are you using a caterer? Yes ___ No ___ If yes, name the vendor _____

Health Department License # _____

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Are the guests attending by invitation or is it open to the public? _____ Invite _____ Public

Describe the decoration plan for your rental: _____

RULES AND REGULATIONS: *Review and Initial each statement*

I understand **my responsibility to follow Community Center Policies** as a “Contractor” and pledge to review these policies prior to my scheduled use of the building. A copy of the Community Center Building Use Policies (dated December 2008/amended 2009, 2010, 2011) has been provided to me.

INITIAL HERE: _____

Cancellations of this agreement must be received at least 2 weeks prior to the event in order to receive a full refund. If cancelled less than 2 weeks before the event the department will retain a 20% administrative fee. Within 3 days, no refund will be issued.

INITIAL HERE: _____

I have provided a copy of my driver’s license and **understand that the security deposit, rental fees, and a signed liability waiver and/or insurance certificate, if required, specifying Caroline County as additional insured** must be submitted to the Department **three(3) weeks prior to the first date** of use requested on this application. Failure to meet this deadline cancels this facility Use Agreement.

INITIAL HERE: _____

I understand that parking in the surrounding church **parking lot is generally permitted except on Sundays** from 9:00 a.m. to 1:00 p.m.

INITIAL HERE: _____

I understand that my guests and my own **access to the Community center is restricted to the areas specified on the FUA**, that set-up and take-down must be completed within the timeframe noted on this application and that the activities cannot vary from the activity function stated on this application.

INITIAL HERE: _____

I understand that this is a **non-smoking facility** and that **alcohol consumption** is not permitted unless granted a special-use exemption through the Caroline County Commissioners or their designee.

INITIAL HERE: _____

I understand that if the event proposed is likely to **attract more than 100 people and/or a public admission fee is charged**, I may be required by the department to provide, at my expense, security via **local law enforcement** for the duration of my event.

INITIAL HERE: _____

I understand if I am **selling food concessions** as a part of my event that I must secure a **Temporary Food Service** permit three (3) weeks prior to the scheduled use. The permit is available through the Caroline County Environmental Health Department.

INITIAL HERE: _____

I understand that the use of **the gym is restricted to soft-soled shoes** and that non-athletic use of the gym is permitted with a floor covering provided and installed by the department for an additional fee.

INITIAL HERE: _____

I understand I am **responsible for the clean-up of the facility** within each period of contracted use including trash removal, sweeping and/or vacuuming. Failure to complete this will indicate a forfeit of the security deposit and may jeopardize Department approval of future Facility Use Agreement requests.

INITIAL HERE: _____

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As the applicant for the use of the General James F. Fretterd Community Center, I certify for myself and on behalf of the organization I represent to assume responsibility for the building and grounds leased by this application, to follow the building policy rules and to be responsible for any property damage that occurs as a result of facility use.

I further agree to indemnify and hold harmless Caroline County and its employees from any and all liability claims, and judgments, including attorney's fees and court costs, resulting from the rental pursuant to this contract and further agree to provide notice of any claims made against either applicant or Caroline County immediately upon receipt through written notification to the Director of Caroline County Recreation and Parks.

I have read the rules and policies included with this application and I agree to abide by them.

Signature of Applicant

Date

Printed Name and Organization Represented

To be completed by Recreation & Parks Department

Submitted on
Date _____
Time _____
Initials _____

Copy of Applicant's valid driver's license attached _____

Non-Profit _____ Private/For Profit _____ Date Insurance Certificate Received (if required) _____

FEE PAYMENT RECORD:

Rental Costs: # of hours _____ x cost per hour _____ = \$ _____

Date Rental fees paid: _____ Cash ___ Check # _____ Credit Card ___

Date Deposit Paid: _____ Cash ___ Check # _____ Credit Card ___ = \$ _____

Carpet installation: (\$225/installation) = \$ _____

Total = \$ _____

Receipt Provided: _____

Facility Supervisor _____

Carpet laid (date) _____

Carpet rolled up (date) _____

Security Required: _____ Yes _____ No

Faxed notification received _____

Deposit refund requested: _____

Initials of Administrative Staff _____ Date

Signature of Management Associate _____ Date

Signature of Department Director of Designee _____ Date

Date Customer Contacted: _____