

# General James F. Fretterd Community Center Facility Use Agreement

107 South Fourth Street Denton, MD 21629 | 410-479-8120

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?  No  Yes

*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.

Specify	Room Fees	Hourly Charge Weekday	Hourly Charge for Holidays, Weeknights and/or Weekends
Circle One	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	
*Rentals are granted in one-hour increments.			

Description of Event \_\_\_\_\_

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

Room Requested \_\_\_\_\_ Will there be alcohol? No Yes

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? \_\_\_\_\_  
Chairs:    No    Yes    How Many? \_\_\_\_\_

**No tables or chairs are allowed on the gym floor without carpet.**

*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?  No  Yes If yes, who benefits from the fee: \_\_\_\_\_

Are you using a caterer?  No  Yes If yes, name the vendor \_\_\_\_\_

Health Department License # \_\_\_\_\_

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.

INITIAL HERE: \_\_\_\_\_

**Cancellations of this agreement must be received in writing 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 **15 days 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 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**. Smoking includes vaping, cigars, and cigarettes.

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: \_\_\_\_\_

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 \_\_\_\_\_

# Recreation & Parks Department Office Use

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:** Number of hours \_\_\_\_\_ x cost per hour \_\_\_\_\_

**Date deposit paid:** \_\_\_\_\_  Cash    Check # \_\_\_\_\_  Credit Card   = \$ \_\_\_\_\_

**Date rental fees paid:** \_\_\_\_\_  Cash    Check # \_\_\_\_\_  Credit Card   = \$ \_\_\_\_\_

**Carpet installation:** \$225/installation \_\_\_\_\_ = \$ \_\_\_\_\_

Receipt Provided

**TOTAL** = \$ \_\_\_\_\_

Initials of Administrative Staff \_\_\_\_\_ Date \_\_\_\_\_

Signature of Management Associate \_\_\_\_\_  
Date \_\_\_\_\_

Signature of Department Director or Designee \_\_\_\_\_  
Date \_\_\_\_\_

Date Customer Contacted: \_\_\_\_\_

HR Contacted to set FOB _____
Facility Supervisor _____
Carpet install (date) _____
Carpet removal (date) _____
Security required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Faxed notification received _____
Deposit refund requested _____

Submitted on _____
Time _____
Initials _____