

Recreation and Parks Department

Facility Rental Application

Staff Person Taking Application: _____ Application Date: _____

Facility Information

Facility Requested: Assateague Room _____ East Room _____ Marlin Room _____ Gymnasium _____
White Horse Park Pavilion _____ Pintail Park _____ Swim & Racquet Pavilion _____

Name of Event/Type _____ Event Date _____

Setup Time _____ Actual Time of Event _____ Teardown/Cleanup Time _____

Contact Information

Contact Name _____

Organization/Program (if applicable) _____

Address _____

Street Address City State Zip

Phones (Home) _____ (Cell) _____ E-Mail _____

Will the contact person be attending the event? Yes _____ No _____ If no, please provide contact info of person in charge: Name _____ Phone _____

Estimated Total Attendance _____ # of Youths 18 and Under _____ 1 chaperone (21 years or older) is required per 10 youths. Must provide names of chaperones (use back of this form).

Is the organization non-profit/ tax exempt? Yes _____ No _____ If yes, must attach copy of 501(c) (3) status/ tax exempt certificate.

Will admission be charged? (Must have prior approval from Director) No _____ Yes _____

If yes, how much? \$_____ (Groups charging an admission fee at their event may be subject to additional paperwork and may be required to provide proof of liability insurance.)

Room Set Up / Equipment Request

Long 8' Tables _____ Chairs _____ Card Tables _____ Chairs _____
Quantity Quantity Quantity Quantity

Will you need the kitchen for prep/warming/cooking food? Yes _____ No _____

Kitchen Equipment Needed _____

Will you need the ice machine or refrigerator in the kitchen? Yes _____ No _____

Will your event have decorations? Yes _____ No _____ If yes, please describe _____

Additional Items (may be available upon request):

PA System _____ Microphone _____ Podium _____ TV/DVD/VCR _____ Projector _____ Screen _____

Schedule of Fees and Charges

Deposit \$ _____ Date Paid _____ Fees \$ _____ Date Paid _____

	Assateague Room	Marlin Room	East Room	Kitchen	WHP Pavilion	All Other Parks	Marlin Room & Gym for Birthday Parties
Community Organizations	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	N/A
Deposit	None	None	None	None	None	None	N/A
Property Owners/ Residents	\$45/hour \$225/day	\$30/hour \$150/day	\$25/hour \$125/day	Up to 3hrs/\$50 4+ hrs/\$100	\$15/hr \$90/day	\$10/hr \$60/day	\$100/3 hrs (inc. setup & teardown)
Deposit	\$100	\$50	\$50	\$200	\$50	\$50	\$50
Non Residents	\$60/hour \$275/day	\$45/hour \$200/day	\$40/hour \$175/day	Up to 3hrs/\$50 4+ hrs/\$100	\$21/hr \$150/day	\$14/hour \$100/day	\$100/3 hrs (inc. setup & teardown)
Deposit	\$200	\$100	\$100	\$200	\$100	\$100	\$50
Nonprofit Organizations	\$55/hour \$250/day	\$40/hour \$175/day	\$35/hour \$150/day	Up to 3hrs/\$50 4+ hrs/\$200	\$18/hour \$120/day	\$12/hour \$80/day	N/A
Deposit	\$200	\$100	\$100	\$200	\$100	\$100	N/A
Businesses	\$65/hour \$300/day	\$50/hour \$225/day	\$45/hour \$200/day	Up to 3hrs/\$50 4+ hrs/\$200	\$24/hour \$180/day	\$16/hour \$120/day	N/A
Deposit	\$200	\$100	\$100	\$300	\$100	\$100	N/A

*Please note that fees for using the whole community center (all rooms) will differentiate from listed above.

Ocean Pines Recreation & Parks Facility Rental Rules and Regulations

1. A reservation is not confirmed until all paperwork is complete and all required deposits have been paid.
2. **All** rental fees must be paid in full within 7 business days of rental.
3. In order to receive security deposit back, applicant is responsible for cleaning up after the event and no

damage has been incurred to OP Facilities or property. _____ **(Initial)**

4. A certificate of insurance may be required for some programs or events. Non-Profit 501 (c) (3) and/or Tax Exempt Organizations must provide written proof of status at time of application to qualify for non-profit rates. Copy of organization's tax exempt certificate must be provided and checks or credit card must be in the name of said organization in order to qualify as tax exempt.
5. Any misrepresentation, regardless of whether it was unintentional, on the application, shall result in cancellation of the event, with no refunds given. _____ **(Initial)**
6. Please do not use scotch tape to affix decorations to the wall. Please use painters tape. All items brought on the premises must be completely removed by applicant from the premises in order to be eligible to receive the return of the security deposit. _____ **(Initial)**
7. Please be aware that there may be a variety of activities occurring at the same time in the community center. Chairs and tables must be shared with all events. **Activities held in one room may NOT take tables and/or chairs from another room unless they have reserved that room for their event. No group will have sole use of the Community Center without the director's approval.**
8. **No crab feasts are allowed in the Community Center building.** Please limit this activity to outdoor facilities in order to avoid a cleaning fee. _____ **(Initial)**
9. Event must end and all patrons of the event must be off the premises at the time listed on application or you will forfeit a portion of your deposit based on the hourly rate for the rental. _____ **(Initial)**
10. No animals, amusement rides, or smoking are allowed on the premises as well as prohibited or illegal items.
11. Charges incurred by OPA because of neglect, damage, or failure to adhere to all rules and regulations by the applicant or their guests will be charged to the applicant in addition to forfeiting security deposit. _____ **(Initial)**
12. The Ocean Pines Association, at its discretion, may cancel the use requested by applicant. Such notice of cancellation, whether written or oral, shall be given to the contact person no later than 48 hours prior to the scheduled event. There may be, however, unforeseen circumstances that necessitate canceling the event within the 48 hours prior to the event. In those instances, the Association will refund any money paid prior to cancellation.
13. The Ocean Pines Association will not be responsible for lost or stolen items or any items left by the applicant or anyone attending the event. OPA staff will not sign for any items that have been rented by applicant, or delivered to, the community center for the event.

Ocean Pines Recreation & Parks Facility Rental Application

Release Waiver

I, the undersigned, intending to be legally bound, do hereby for myself, family, guardians, charge/charges, heirs, executors and administrators, waive and release any and all rights and claims for damages, which I/we may have against the Ocean Pines Association, their representatives, successors and employees for any injuries which I/we may suffer in connection with my/our use of this facility. At various times the Ocean Pines Association videotapes and photographs events to be submitted to the local media. By using this facility, I/we hereby authorize the Ocean Pines Association to reproduce, copy, exhibit, publish, broadcast, or distribute any and all such tapes or photographs. I have read the above and understand the rules and regulations of the Ocean Pines Association - Recreation & Parks Department that have been made available to me.

Applicant Signature

Date

Refund Policy

An applicant can request a refund 48 hours prior to scheduled event date. The request must be made in writing. If a cancellation occurs within 48 hours of a scheduled rental, you forfeit the rental fees and deposit. All refunds will take at least two weeks and will be in the form of a check from the Ocean Pines Association. If a security deposit is paid by check, refunds will only be sent after your check has cleared the bank.

Signature

I have read the above and understand the rules and regulations of the Ocean Pines Recreation & Parks Department Facility Rental Application that have been made available to me.

Applicant Signature

Date

I certify that I have read and understand the attached policies for usage of an Ocean Pines facility. I am responsible for setup and teardown and cleanup of my event. I will ensure that no damage is done to the facility rented. I agree to secure facility before leaving. I understand that if the facility is left in poor condition, I will forfeit my deposit.

Applicant Signature

Date

Authorized By:

Title

Facility Contact Information

Ocean Pines Community Center: 8am – 10pm

Community Center
235 Ocean Parkway ~ Ocean Pines, MD 21811
(410) 641-7052

Ocean Pines Aquatics Office: 10am – 9pm

Sports Core Pool
11144 Cathell Road ~ Ocean Pines, MD 21811
(410) 641-5255

Please contact facility for operating hours.

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OFFICE USE ONLY: Approved _____ Rejected _____ (reason) _____

Insurance required: yes no

General liability insurance @ \$1 million/occurrence, combined single limit

City named as additionally insured

Copy of certificate of insurance

Permit #: _____ Date Deposit Paid: _____ Date Balance Paid: _____

Deposit Refund Requested on: _____

Authorized by: _____ **Date:** _____

(Recreation Director)