# **Recreation and Parks Department**

## Facility Rental Application

Staff Person Taking Application:			Application Date:		
		Contact Informa	<u>tion</u>		
Contact Name					
Organization/Program	n (if applicable)				
Address					
Street	Address	City	State	Zip	
Phones (Home)		(Cell)	E-Mail		
		Facility Informa	<u>tion</u>		
Facility Requested:	· ·		Marlin Room Park Swim & Raco	•	
Name of Event/Type _			Event Date		
Setup Time Actual Time of Event		_ Teardown/Cleanup Tin	Teardown/Cleanup Time		
SELLING ALCOH	OLIC BEVERAGES (Requ	uires a \$50 alcohol pei	mit from Worcester Cou	nty and a general liability	
insurance and liquor	liability insurance with	limits of at least \$500	,000 combined single lim	it bodily injury and	
property damage. Co	py of the insurance and	d permit must be prov	ided to the Recreation an	nd Parks Dept. 14 days prior	
to the day of your eve	ent.)				
SELLING FOOD C	OR HAVING A BINGO/C	ASINO NIGHT (Require	es a permit obtained from	n the Worcester County	
Hoalth Donartmant la	acatad at the Isla of Wi	aht office on Pouto 00	or from wayy worcostor	hoolth org \	

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 paperwor and may be required to provide proof of liability insurance.)
Room Set Up / Equipment Request
Long 8' Tables Chairs 4'x4' Card Tables  Quantity Quantity Quantity
Will you need the kitchen for prep/warming/cooking food? Yes No *additional charge will apply. See fee chart for details.
Kitchen Equipment Needed
Will you need the ice machine or refrigerator in the kitchen? Yes No*no additional charge.
Will your event have decorations? Yes No If yes, please describe
Additional Items (may be available upon request at no extra charge):
PA System Microphone Podium TV/DVD/VCR Projector Screen

#### **Schedule of Fees and Charges**

Deposit \$	Date Paid	Fees \$	Date Paid
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	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

<sup>\*</sup>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.	<u>All</u> 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 MAKE SURE TO DISPOSE OF YOUR TRASH IN THE DUMPSTER NEXT TO THE
	COMMUNITY CENTER. THIS INCLUDES TRASH IN THE PAVILION AND ALL ROOMS IN THE
	COMMUNITY CENTER (Initial)
7.	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)
8.	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.
9.	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)
10.	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)
11.	No animals, amusement rides, or smoking are allowed on the premises as well as prohibited or illegal items.
12.	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)
13.	The OPA, 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.

14. The OPA 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

and administrators, waive and release any and all rig Pines Association, their representatives, successors with my/our use of this facility. At various times th submitted to the local media. By using this facility,	o hereby for myself, family, guardians, charge/charges, heirs, executors ghts and claims for damages, which I/we may have against the Ocean and employees for any injuries which I/we may suffer in connection to Ocean Pines Association videotapes and photographs events to be I/we hereby authorize the Ocean Pines Association to reproduce, and all such tapes or photographs. I have read the above and
•	ines Association - Recreation & Parks Department that have been
made available to me.	
Applicant Signature	Date
	Refund Policy
cancellation occurs within 48 hours of a scheduled releast two weeks and will be in the form of a check for check, refunds will only be sent after your check has Signature	
Rental Application that have been made available to	regulations of the Ocean Pines Recreation & Parks Department Facility
remain ripplication that have been made available to	, me.
Applicant Signature	Date
I certify that I have read and understand the atta	ached policies for usage of an Ocean Pines facility. I am responsible
for setup and teardown and cleanup of my event	(including trash). I will ensure that no damage is done to the
facility rented. I agree to secure facility before lewill forfeit my deposit.	eaving. I understand that if the facility is left in poor condition, I
Applicant Signature	Date

Title

Authorized By:

### 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.	
OFFICE USE ONLY: Approved Rejected (reas	on)
Insurance required: yes no	at the
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:	
•	e:
(Recreation Director)	