

# Recreation and Parks Department

## *Facility Rental Application*

Staff Person Taking Application: \_\_\_\_\_ Application Date: \_\_\_\_\_

### Contact Information

Contact Name \_\_\_\_\_

Organization/Program (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Street Address

City

State

Zip

Phones (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-Mail \_\_\_\_\_

### 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 \_\_\_\_\_

\_\_\_\_ **SELLING ALCOHOLIC BEVERAGES (Requires a \$50 alcohol permit from Worcester County and a general liability insurance and liquor liability insurance with limits of at least \$500,000 combined single limit bodily injury and property damage. Copy of the insurance and permit must be provided to the Recreation and Parks Dept. 14 days prior to the day of your event.)**

\_\_\_\_ **SELLING FOOD OR HAVING A BINGO/CASINO NIGHT (Requires a permit obtained from the Worcester County Health Department located at the Isle of Wight office on Route 90 or from [www.worcesterhealth.org](http://www.worcesterhealth.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 paperwork and may be required to provide proof of liability insurance.)

**Room Set Up / Equipment Request**

Long 8'x2' Tables \_\_\_\_\_ Folding Chairs \_\_\_\_\_ 4'x4' Card Tables \_\_\_\_\_  
Quantity Quantity Quantity

Will you need the kitchen for prep/warming/cooking food or putting items in the refrigerator? Yes \_\_\_\_\_ No \_\_\_\_\_  
**\*additional charge will apply.** See fee chart for details.

Kitchen Equipment Needed \_\_\_\_\_

Will you need the ice machine 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 \_\_\_\_\_ Projector \_\_\_\_\_ Screen \_\_\_\_\_

## 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. Event must end and all patrons of the event must be off the premises at the time listed on the application or you will forfeit a portion of your deposit based on the hourly rate for the rental. \_\_\_\_\_ **(Initial)**
5. 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.
6. Any misrepresentation, regardless of whether it was unintentional, on the application, shall result in cancellation of the event, with no refunds given. \_\_\_\_\_ **(Initial)**
7. **PLEASE 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)**. Extra can liners can be obtained at the community center front desk.
8. Please do not use scotch tape to affix decorations to the walls. 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)**
9. 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.**
10. **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)**
11. No animals, amusement rides, bounce houses, are allowed in the pavilion or in any facility. Smoking and illegal items are also prohibited.
12. Vehicles are not permitted to park in White Horse Park. Please park in designated parking lots and walk over. Loading and unloading in the park is permitted, however once loading and unloading is complete you must move your vehicle to the parking lot. Please stop at the Recreation & Parks Department for the key to the gate. \_\_\_\_\_ **(Initial)**
13. 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)**

14. 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.
15. 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

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 full refund 7 days prior to scheduled event date. If a cancellation occurs within 7 days of a scheduled rental, your rental fee will be refunded, but you will forfeit the deposit. Refunds will sent 7-10 days after your event.

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 (including trash). 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

***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)**