

Ocean Pines Recreation & Parks Department

Facility Rental Application

Contact Information:

Name: _____

Phone Number: _____

Email: _____

Organization/Program (if applicable): _____

Is this Organization non-profit/tax exempt? Yes No

If yes, please attach a copy of the 501(c)(3) status/tax exempt certificate.

Address: _____

Street Address

City

State

Zip Code

Will the contact person be present at the event? Yes No

If no, please provide the contact information for the person in charge of the event.

Alternate Contact Person: _____

Phone Number: _____

Facility Room Requested:

Gymnasium and Marlin Room (Birthday Party Package)

Assateague Room

East Room

Faultz/Marlin Room

Gymnasium

White Horse Park Pavilion

Pintail Park

Other Location: _____

Event Information:

Name of Event/Type of Event: _____

Event Date: _____

Set-up Time: _____

*A total of 1 hour is included in the room rental for event set-up & teardown. Additional time may be added at the regular hourly rate.

Actual Time of Event: _____

Teardown/Clean-up Time: _____

Estimated Total Attendance: _____

of Youths 18 & under attending: _____

Is your event...

Selling alcoholic beverages? This requires a \$100 1-day alcohol permit from the Worcester County Liquor Board and liquor liability insurance with limits of at least \$500,000 combined single limit bodily injury and property damage. A copy of the insurance and permit must be provided to the Ocean Pines Recreation & Parks Department 14 days prior to the day of the event.

Selling food? This requires a 1-day vendor permit from the Worcester County Health Department

Having a Bingo/Casino Night? This requires a gambling permit from the Worcester County Health Department

Charging Admission? Groups charging an admission fee at their event may be subject to additional paperwork and may be required to provide proof of liability insurance.

The above items must have prior approval from the Ocean Pines Recreation & Parks Director

*For more information on permits please visit www.co.worcester.md.us or call (410)632-1200

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Room Set-up & Equipment:

Please indicate the size and quantity of tables needed for this event.

8'x2' Tables _____

6'x2' Tables _____

4'4' Card Tables _____

How many folding chairs will be needed for this event? _____

If you are renting the Gymnasium & Faultz/Marlin Room together for the **Birthday Party Package**, please tell us what equipment is needed (i.e. dodgeballs, basketballs, Bluetooth speaker):

Will your event have decorations? Yes No

If yes, please describe: _____

*Please note that scotch tape will damage the paint on the walls, only use painters' tape for decorations. Thank you!

Additional items may be available upon request at no additional charge:

Podium TV/DVD

Projector Screen

Microphone

Kitchen:

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

***Additional charge may apply**

Kitchen Equipment needed:

Commercial Convection Oven

Flat Top Grill

***Additional charge may apply**

Will you need to put items in the refrigerator or freezer? Yes No

*No additional charge. Subject to availability

Will you need to use the ice machine in the kitchen? Yes No

*No additional charge. Subject to availability

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14. 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.

15. 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.

16. 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.

I have read these rules and regulations and agree to abide by them. _____ (initial)

Facility Contact Information:

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

Operating Hours: Monday-Friday 8am – 8pm
Saturday 10am – 8pm

*Extended hours and Sundays are subject to prior approval
from the Ocean Pines Recreation & Parks Director

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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 the scheduled event date. If a cancellation occurs within 7 days of a scheduled rental, your rental fee will be refunded, but your deposit may be forfeited.

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. I understand that refunds will be sent 7-10 days after my event.

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 the facility before leaving. I understand that if the facility is left in poor condition, I will forfeit my deposit.

Applicant Signature

Date

Office Use:

Application reviewed and approved by: _____

Date application reviewed and approved: _____

Refund processed by: _____

Date refund processed: _____